

## Sunday, June 8, 2025

### Training Session

#### **Advanced Cardiac Life Support (ACLS)**

Jun 8, 2025 08:00    *CAPT Robin Hunter Buskey*

Jun 8, 2025 17:00

This course is for American Heart Association (AHA) ACLS initial certification for pre-hospital emergency and hospital employees such as Paramedics, RN's, MD, RTs, or other healthcare providers requiring AHA ACLS certification. This course emphasizes assessment and management of adult cardiac patients and includes BLS proficiency and ACLS written and skills testing. Please bring your hard copy or eBook of the ACLS Provider Manual- available to purchase from AHE -ACLS Provider Manual 20-1106 for \$50 or online-ShopCPR or WorldPoint--digital versions ACLS eBook 20-3100 are available. Books are not returnable, and fees are not refundable. The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA. An American Heart Association (AHA) ACLS eCard will be emailed from [eCards@heart.org](mailto:eCards@heart.org) upon successful completion of this course.

Mandatory pre-course preparation includes:

1. Complete the pre-course checklist that came with your ACLS Provider Manual. Bring the checklist with you to the course.
2. Review the course agenda.
3. Review and understand the information in your ACLS Provider Manual. Pay particular attention to the 10 core cases in Part 4.
4. Review and understand the information in the BLS for Healthcare Providers manual. The resuscitation scenarios require that your BLS skills and knowledge are current. You will be tested on adult 1-rescuer CPR and AED skills at the beginning of the ACLS Provider Course. You will not be taught how to do CPR or how to use an AED. You must know this in advance.
5. Review, understand, and complete the ECG and Pharmacology pre-course assessment tests online-follow the instructions in your book. You will not be taught how to read or interpret ECGs in the course, nor will you be taught details about ACLS pharmacology.
6. Print your scores for the pre-course assessment tests and bring them with you to class. You will not be able to attend the course without the pre-course assessment tests.    **What This Course Does Not Cover:** The ACLS Provider Course does not teach algorithms, ECG, or pharmacology information. If you do not learn and understand the ECG and pharmacology information in the pre-course assessment tests, it is unlikely that you can successfully complete the ACLS Provider Course.

2025 USPHS Scientific and Training Symposium  
Agenda

AHA Books are available to purchase from Channing-Bete.

\*\*\*Disclaimer\*\*\* Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.

Training Session

**Naloxone Training**

Jun 8, 2025 12:00    *CAPT Jane Kreis*

Jun 8, 2025 13:30

This training is a 90-minute session which includes didactic skills training followed by an online skills demonstration for participants focused on the recognition and response to respiratory arrest related to an opioid overdose, and the intervention using naloxone. Naloxone is a prescription medication that reverses an opioid overdose by restoring breathing and has minimal side effects. Take advantage of this opportunity to learn how to administer naloxone and learn what to do until help arrives. This training includes presentations followed by a demonstration of the administration of naloxone, both intramuscular and intranasal administration.

\*For those who work with or may be exposed to opioids in the workplace, please contact your local Safety Office for any additional training that may be required of you.

Training Session

**Basic Life Support (BLS) for Healthcare Providers**

Jun 8, 2025 13:30    *CAPT Jane Kreis*

Jun 8, 2025 17:00

Basic Life Support for Healthcare Providers (BLS) uses a scenario-based approach to develop the critical thinking and problem solving skills that drive better patient outcomes. It is consistent with AHA Guidelines for CPR/ECC, and covers breathing and cardiac emergencies - including CPR, AED, and obstructed airway - for adult, child, and infant patients.

\*\*\*Disclaimer\*\*\*

Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association

## Monday, Jun 9, 2025

Training Session

### **Advanced Cardiac Life Support (ACLS) Testing**

Jun 9, 2025 08:00    *CAPT Robin Hunter Buskey*

Jun 9, 2025 11:00

Testing for ACLS Certification. Must attend the full day Sunday to participate in the testing on Monday.

Training Session

### **Basic Life Support (BLS) for Healthcare Providers**

Jun 9, 2025 09:00    *CAPT Jane Kreis*

Jun 9, 2025 11:00

Basic Life Support for Healthcare Providers (BLS) uses a scenario-based approach to develop the critical-thinking and problem-solving skills that drive better patient outcomes. It is consistent with AHA Guidelines for CPR/ECC, and covers breathing and cardiac emergencies - including CPR, AED, and obstructed airway - for adult, child, and infant patients.

\*\*\*Disclaimer\*\*\*

Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association

Training Session

### **Naloxone Training**

Jun 9, 2025 09:00    *CAPT Jane Kreis*

Jun 9, 2025 11:00

This training is a 90-minute session which includes didactic skills training followed by an online skills demonstration for participants focused on the recognition and response to respiratory arrest related to an opioid overdose, and the intervention using naloxone. Naloxone is a prescription medication that reverses an opioid overdose by restoring breathing and has minimal side effects. Take advantage of this opportunity to learn how to administer naloxone and learn what to do until help arrives. This training includes presentations followed by a demonstration of the administration of naloxone, both intramuscular and intranasal administration.

2025 USPHS Scientific and Training Symposium  
Agenda

\*For those who work with or may be exposed to opioids in the workplace, please contact your local Safety Office for any additional training that may be required of you.

Training Session

**Public Health Reports: A Forum for Showcasing Officer Leadership in Science**

Jun 9, 2025 10:00 *CAPT John Iskander, CDR Ian Myles*

Jun 9, 2025 12:00

Duration: 2.0 hrs.

Public Health Reports is the official scientific journal of the U.S. Public Health Service and the U.S. Surgeon General. Publishing their work in this journal allows officers to showcase all of the USPHS core values: leadership, service, integrity, and excellence. Using recent examples involving articles published in Public Health Reports by the presenters, this session will seek to expand officer knowledge of what type of work is publishable. We will demonstrate that officers who do not classify themselves as researchers can still succeed in authoring commentaries, case studies, letters to the editor, and other valuable contributions to public health science. By understanding the need to focus on key factors of scientific rigor, innovation, and the importance of the underlying public health and clinical questions, officers can continue to contribute to the proud tradition of their service's flagship publication, in addition to building valuable and transferable career skills. The session will conclude by providing officers with additional freely available resources to support their scientific writing and publishing goals.

At the completion of this session participants will be able to:

1. Describe three benefits of publishing their work in peer-reviewed scientific literature
2. Name at least 3 types of non-research articles which can be submitted to Public Health Reports
3. Identify three characteristics of work which are used by Public Health Reports to determine publishability

Training Session

**Fighting the Invisible: Managing a Re-Emerging Threat**

Jun 9, 2025 10:00 *LCDR Jamlia Rizek, Dr. Cara Taubman*

Jun 9, 2025 12:00

Duration: 2.0 hrs.

This session will be a tabletop exercise where officers are "deploying" in response to a disease outbreak. This multidisciplinary exercise will require officers to prepare for the unknown, coordinate resources, maintain safety and isolation protocols to minimize the spread as well as coordinate with other "partners."

At the completion of this session participants will be able to:

1. Describe the need for and coordinate interoperability during deployment/response.

2025 USPHS Scientific and Training Symposium  
Agenda

2. Identify two mitigation strategies to minimize the risk of disease spread.
3. List possible changes to their current practices.

Training Session

**AI Synergy: Bridging Clinical Expertise and Tech Innovation for Public Health Prevention**

Jun 9, 2025 10:00     *CAPT Shary Jones, CDR Gregory Dawson*

Jun 9, 2025 12:00

Duration: 2.0 hrs.

Artificial intelligence (AI) holds significant promise for enhancing public health prevention in today's rapidly evolving healthcare landscape. However, the true power of AI lies in effective collaboration between those who understand clinical needs and those who can develop technical solutions. This workshop showcases the transformative potential of clinician-IT specialist partnerships by demonstrating how to effectively use AI to make progress in public health. Through collaborative efforts, participants will learn how combining clinical expertise with technical innovation can drive innovative, AI-driven solutions for public health challenges.

Featuring a dual presentation, the workshop will provide insights from both a clinician and an IT specialist. The clinician will outline real-world challenges in public health, such as managing chronic conditions, preventing disease spread, and enhancing patient care. This will set the stage for the IT specialist to demonstrate how AI tools can address these challenges, using technologies like machine learning, predictive analytics, and natural language processing. This dynamic, side-by-side presentation will offer participants a clearer understanding of how AI solutions are tailored to meet clinical needs, underscoring the importance of a shared vision that brings together both fields in pursuit of public health improvement.

To promote hands-on learning, the session will feature an interactive collaboration exercise. Participants will be grouped into mixed teams of clinicians, IT professionals, public health partners, and others interested in innovative solutions. Each group will be given a public health problem and tasked with brainstorming potential AI solutions, considering clinical requirements and technical possibilities. This activity will simulate real-world collaborative processes, encouraging cross-disciplinary dialogue and idea-sharing.

The workshop will conclude with an open Q&A session, where participants can discuss the practical aspects of initiating and sustaining cross-sector collaborations. This will provide a platform to share experiences, ask questions, and seek advice from facilitators. Facilitators will offer actionable tips and resources, empowering attendees to take the next steps in building effective partnerships. By the end of the workshop, participants will better

2025 USPHS Scientific and Training Symposium  
Agenda

understand how to leverage the strengths of clinicians and IT specialists to implement and support innovative AI solutions for public health.

Whether you are a clinician looking to expand your understanding of AI, an IT specialist aiming to bridge the gap with healthcare providers, a public health professional seeking innovative solutions, or someone wanting to learn how AI can enhance public health, this workshop will equip you with the knowledge, skills, and collaborative strategies to succeed. Join us to learn how united action between healthcare and technology can drive forward our shared purpose of transforming public health.

References:

OpenAI. (2024). ChatGPT (Oct 22 version) [Large language model].  
<https://chat.openai.com/chat>

At the completion of this session participants will be able to:

1. Identify key areas where AI can enhance public health prevention efforts by improving early detection, disease management, and personalized interventions.
2. Explain the essential components of successful collaboration between clinicians and IT specialists and how their combined expertise can lead to effective AI solutions.
3. Demonstrate practical strategies for initiating and sustaining cross-disciplinary partnerships to develop and implement AI-driven projects in public health.

Training Session

**Navigating Congressional Advocacy as a PHS Officer**

Jun 9, 2025 10:00     *CDR Zakiya Chambers, CDR Yvonne Santiago*

Jun 9, 2025 12:00

Duration: 2.0 hrs.

Background: Congressional actions affect the budget, mission, structure, and strategic direction of the U.S. Public Health Service (USPHS) Commissioned Corps. All USPHS Commissioned Corps authorities and entitlements are governed by statute. Service leaders have identified key legislative changes necessary to advance the needs of the service. Effectuating change requires robust engagement with the legislative branch of our government, while simultaneously building partnerships with key federal agencies and stakeholders. The Commissioned Corps Legislative Liaison Program (CCLLP) is responsible for supporting and managing engagement with lawmakers in Congress to ensure the legislative priorities of the service are effectively communicated to Capitol Hill. Methods: The USPHS Commissioned Corps has a storied history as we work collectively to meet the health and safety needs of the nation. Legislation and policy change have and will continue to influence the direction of our service. The USPHS Commissioned Corps has identified legislative priorities that will help the service evolve in accordance with the changing needs of the nation. Our top legislative priorities are (Note: Not a comprehensive list):

2025 USPHS Scientific and Training Symposium  
Agenda

1. Appropriate funds for service operations and management.
2. Align leave authorities with those of the other uniformed services.
3. Codify the structure of the Ready Reserve and align dual compensation and military rights with those of the Armed Forces.

The CCLLP was modeled through research on sister services' legislative liaison programs and established a program that is mutually beneficial to Congress and the USPHS Commissioned Corps. CCLLP establishes officers as future policy leaders who understand the importance of strategic congressional relationships and can effectively advocate for legislative policy change. CCLLP can guide officers in the ways they may or may not engage Congress. CCLLP will highlight examples of effective engagement and demonstrate positive outcomes of effective congressional engagement.

Results: To date five Senators, seven Senate committees, and associated staff were directly exposed to the USPHS Commissioned Corps. Several bills and USPHS-specific amendments have been advanced in both the House and Senate in support of the Service's legislative priorities including:

1. S.2590 Public Health Service Commissioned Corps Operations and Readiness Act
2. S.2297 Parity for the Public Health Service Ready Reserve Act
3. H.R.8711 To Amend Title II of the Public Health Service Act to Include as an Additional Right or Privilege of Commissioned Officers of the Public Health Service (and their Beneficiaries) Certain Leave Provided Under Title 10
4. H.R.9870 To improve the provision of benefits and services to members of the Ready Reserve Corps of the Public Health Service, and for other purposes (Companion bill to S.2297)

Navigating Congressional engagement can be intimidating and confusing for officers. The CCLLP will clearly explain actions that may or may not be taken by officers and describe the rules that govern engagement both in professional and personal capacities.

Conclusions: The USPHS Commissioned Corps has identified key legislative priorities that are crucial for advancing the needs of the service. Effective engagement with lawmakers on Capitol Hill and key stakeholders are essential to ensure these priorities are effectively communicated and achieved.

At the completion of this session participants will be able to:

1. Describe the legislative priorities of the USPHS Commissioned Corps
2. Illustrate the results of effective Capitol Hill engagement and the importance of partnership building rooted in common legislative goals and intersecting missions
3. Demonstrate how officers may or may not engage members on Capitol Hill

2025 USPHS Scientific and Training Symposium  
Agenda

Training Session

**ASPR Laboratory Training and Competency**

Jun 9, 2025 10:00 *CDR Christopher Le, LT Sridevi Pochincherla*

Jun 9, 2025 12:00

Duration: 2.0 hrs.

In the wake of increasing natural and manmade disasters, the role of clinical laboratories in supporting effective healthcare responses has become critical. The Administration for Strategic Preparedness and Response (ASPR) has identified the need for enhanced training and competency among laboratory personnel to improve operation effectiveness in disaster scenarios. This session will outline the key components and objectives of a comprehensive training program intended to optimize laboratory contributions during emergency responses.

The primary goal of the training initiative is to equip laboratory professionals with the skills and knowledge necessary to navigate the unique challenges presented by disaster scenarios. This includes proficiency in rapid diagnostic testing, fostering cross-disciplinary collaboration, managing supply chain logistics, and effective communication with emergency management teams. The program emphasizes adaptability, requiring laboratory personnel to transition swiftly from routine operations to crisis-response workflows efficiently. Core components of the training include simulated disaster exercises and real-time problem-solving sessions designed to mimic high-pressure situations. The activities are tailored to address issues such as limited resources, fluctuating case loads, and the need for swift, accurate data interpretation under duress.

Competency assessment forms an integral part of the training framework, ensuring that participants not only acquire necessary skills but also demonstrate the ability to apply them effectively in disaster scenarios. The competency is measured through standardized evaluations, which assess proficiency in key laboratory procedures, adherence to safety protocols, and the ability to operate within interdisciplinary response teams effectively. The training also discusses the importance of working alongside regulatory bodies such as the Clinical Laboratory Improvement Amendments (CLIA) to establish and maintain uniform competency standards, ensuring consistency and reliability across the training landscape.

Furthermore, the ASPR training program highlights the importance of cross-sector collaboration. Participating laboratory personnel have opportunities to engage with disaster response experts and other healthcare professionals. Building a network of trained individuals fosters a cohesive response team capable of optimizing patient outcomes during disasters.

2025 USPHS Scientific and Training Symposium  
Agenda

Training is further bolstered by e-learning platforms, allowing ongoing access to training materials and updates for continued professional development. These resources ensure laboratory personnel keep pace with evolving methodologies and technologies that may influence future disaster responses.

Overall, ASPR's training and competency program represents a forward-thinking approach to preparing clinical laboratory personnel for the varied and dynamic challenges posed by disaster situations. By bolstering the adaptive capacity and technical proficiency of laboratory professionals, the program significantly contributes to the effectiveness of emergency responses and ultimately the resilience of healthcare systems nationwide. In conclusion, the enhanced training initiative underscores the pivotal role of clinical laboratories in disaster response settings. Through targeted education, standardized competency assessment, and a focus on interdisciplinary cooperation, the ASPR aims to empower laboratory personnel as essential contributors to comprehensive disaster response efforts. As disaster threats continue to grow in frequency and complexity, such preparation is vital to maintaining the integrity and efficacy of healthcare delivery in time of crisis.

At the completion of this session participants will be able to:

1. Efficiently conduct and interpret rapid diagnostic tests, ensuring timely and accurate results even in resource-constrained or high-pressure scenarios.
2. Demonstrate skills in managing laboratory supply chains and resources under challenging conditions, ensuring continuous operation even when traditional supply routes are disrupted.
3. Describe ways to ensure precision and reliability in data collection, documentation, and reporting.

Training Session

**PACE is for Everyone : Community Engagement in the Service of Health**

Jun 9, 2025 10:00     *CDR Iman Martin, LCDR Karen Lumbu Kinard*

Jun 9, 2025 12:00

Duration: 2.0 hrs.

The U.S. Surgeon General's Prevention through Active Community Engagement (PACE) was chartered in 2018. Please note that since its inception in 2013, PACE has record of over 108,000 community encounters. Just last operational year (OY), USPHS officers had more than 18,600 community encounters. PACE is a coordinating entity for USPHS Officers to build community partnerships for 'provision of high quality, evidence-based information on OASH/OSG public health priorities to the communities where officers work and live via volunteer-based regional activity and appointed Surgeon General's Education Teams (SGET) community encounters.' The goal of the "PACE is for Everyone : Community Engagement in the Service of Health" session is to provide live and interactive training on how any officer, and any USPHS group can harness the infrastructure of PACE resources

2025 USPHS Scientific and Training Symposium  
Agenda

and understand the standard processes for carrying out events in support for the USPHS PACE Mission. The session will also highlight ongoing cross-committee collaborations for USPHS officers to harness the interdisciplinary creativity and expertise of the Corps and ensure impactful engagement in support of the PACE Mission, guided by OSG and OASH priorities.

At the completion of this session participants will be able to:

1. Explain the mission, vision and purpose of the U.S. Surgeon General's Prevention through Active Community Engagement (PACE)
2. Describe how to utilize the PACE structure and resources to provide high quality, evidence-based information on OASH/OSG public health priorities to the communities where officers work and live, via volunteer-based regional activity and appointed Surgeon Genera
3. State the visibility standards during community engagement efforts, in uniform.

Training Session

**Writing an Abstract and Developing a Successful Presentation for Public Health Conferences**

Jun 9, 2025 13:00     *CAPT Michelle Tsai, CDR Shamika Brooks, CDR Courtney Gustin,*

Jun 9, 2025 17:00     *LCDR Shara Francin, LCDR Candace Marshall, LCDR Evette*

Duration: 4.0 hrs.     *Pinder*

The Commissioned Corps of the United States Public Health Service (USPHS) officers work in various federal health agencies performing public health activities that have a significant impact on military and civilian population world-wide. The Commissioned Corps provides unique subject matter expertise and public health interventions to underserved populations as well as contributing to and providing unique solutions to challenging public health concerns across populations. Dissemination of these significant efforts is important to advancing public health and creating awareness to reduce the epidemic or pandemic potential.

An impactful way to disseminate these significant results is through scientific conferences where unique and innovative solutions are presented to program managers, policymakers, and academia. The first step to present at these scientific conferences is to submit an abstract that is accepted by the reviewing committee. After acceptance of the abstract, a good presentation is key to ensuring clear dissemination of public health information. The purpose of this training is to demonstrate how to develop a well-written abstract for an effective presentation at a public health conference that best promulgates the cutting-edge work performed by the USPHS Commissioned Corps officers. This second iteration incorporates feedback from the previous training and seeks to walk through the process of identifying a conference, sharpen identification of key content and sections to provide in abstracts, improve SMART objective writing, and describe the process by which abstracts

2025 USPHS Scientific and Training Symposium  
Agenda

are reviewed and accepted. The goal is to increase the success of abstract acceptance and better presentation of content.

In review of over 150 abstracts submitted to various public health conferences, the authors of this training noted several key components leading to abstracts not being accepted. The authors also identified best abstract development practices. The authors of this training will also share Centers for Disease Control and Prevention (CDC) presentation criteria, key presentation review practices of public affairs and communications offices to include providing tips for proper font and formatting and reviewing dos and don'ts of presentations.

Expanding on the feedback from the previous training and abstract guidance resources provided by multiple Public Health conferences, e.g., COA, American Public Health Association, this training will provide four didactic sections: abstract review, abstract drafting, abstract scoring, and presentation review. In addition, the authors will review individual previously written abstracts. The CDC criteria will serve as the basis for practical exercises where participants engage with their colleagues in review of various scenarios, determining whether the presentations meet the key criteria of abstract development. The group will then use these examples to perform the steps to develop an abstract that meets the identified criteria, resulting in the development of a process for abstract success. They will also review sample presentations and apply best practices to determine how to better improve the presentation of content.

At the completion of this session participants will be able to:

1. List key criteria and content required in developing an abstract for conferences.
2. Identify five key best practices for developing a presentation.
3. Describe general conference acceptance processes for abstracts.

#### Training Session

##### **The Leadership Challenge - Running Your Own Race**

Jun 9, 2025 13:00     *CAPT Stephanie Felder, CDR Roxanne Adeuya, CDR Samantha*

Jun 9, 2025 17:00     *Fontenelle, CDR Jason D. Harris, LCDR Jaison Eapen*

Duration: 4.0 hrs.

Target Audience: U.S. Public Health Service (USPHS) Officers and persons at various levels of career growth. This training was developed to aid junior and mid-level professionals navigate the next steps in their leadership journey.

#### Description/Abstract:

In the U.S. Public Health Service (USPHS), officers can forge unique and individual career paths. Often in the pursuit to meet promotional benchmarks officers can become narrowly focused on meeting specific criteria rather than exploring the uniqueness of their experiences and potential to contribute. Officers have a diversity of backgrounds,

2025 USPHS Scientific and Training Symposium  
Agenda

interests, talents, training, and experiences. The beauty of this diversity can catapult careers and the USPHS to higher levels of public health service. This training is important to advancing leadership development. It will take attendees on a journey of self-discovery to identify individual strengths and the most suitable leadership paths. Attendees will be given real examples of how to develop a career roadmap and conduct an individualized gap assessment. Preparing for leadership roles requires an understanding of the psychosocial challenges leaders and the people they lead face. This training will provide attendees with the skills needed to navigate difficult situations and effectively lead teams and organizations to becoming high functioning. The leadership journey can be a lonely one balancing the hierarchy of work relationships. Suddenly you may find yourself on the outside looking in, where previously you were included. This training will provide you with the tools to develop resilience to thrive as a leader. The session will be workshop style with four 30-minute presentations followed by a 30-minute moderated panel discussion. A 10-minute transition time will be allowed between each session for attendees to enter or exit the room and for the speakers to prepare.

Training sessions will include:

Session 1: Who are you really and why do you want to lead. This session will take attendees through a process of self-discovery to (1) identify individual leadership traits and passions that drive the kind of leaders they could become and (2) identify the best fit or most successful leadership paths to pursue.

Session 2: The road map to successful leadership. This session will focus on developing your individualized plan or roadmap by reflecting on some key questions such as: Where do I start, how am I going to get there, what experiences do I need, and what are the gaps in my learning that need to be filled.

Session 3: The psychology of leadership - understanding self and what motivates others. The session will focus on defining the qualities of an authentic leader, one who garners the respect of others, leading with empathy, self-awareness and creating high performing organizations.

Session 4: Leadership resilience - You are not alone. This session will focus on work-life integration and support systems that allow you to be the best you.

The training sessions will be followed by a 30-minute moderated panel discussion. Each panelist will have 2-3 minutes for introduction, which will be followed by Q&A and open discussion.

At the completion of this session participants will be able to:

1. Identify individual traits supportive of their leadership style
2. Create a career and leadership road map with specific actions items.
3. Recall two learned concepts to help sustain a path towards becoming an effective leader

2025 USPHS Scientific and Training Symposium  
Agenda

Training Session

**Integrating the One Health Concept: Enhancing Public Health Preparedness through Multisectoral Collaboration**

Jun 9, 2025 13:00     *CAPT Brianna Skinner, CDR Nicki Conklin, CDR Ashlee*

Jun 9, 2025 17:00     *Januszewicz, CDR Michael Wagner, CDR Temeri Wilder-Kofie,*

Duration: 4.0 hrs.     *CDR Wanda Wilson Egbe*

The One Health concept highlights the interconnectedness of human, animal, and environmental health, advocating a transdisciplinary, multisectoral approach to effectively address public health challenges. The success of public health in the 21st century depends on our ability to see the complex relationships between humans, animal, and plants in our shared environments. However, many public health practitioners may not be aware or have opportunities to apply this integrated framework in their daily work. Commissioned Corps officers are uniquely positioned in their deployment roles to identify and address the intersection of human, animal, and environmental health, particularly in disaster response, outbreak management, and emergency preparedness. This training equips officers with One Health skills and knowledge for problem solving and decision-making in real-world scenarios, enhancing their ability to protect public health in diverse and complex settings. The session will conclude with a panel of officers providing an opportunity for participants to inquire about real-world examples with One Health experts from across our Service.

At the completion of this session participants will be able to:

1. Recognize the One Health Concept and its use in public health settings.
2. Explain how various health domains and disciplines intersect and collaborate when responding to public health threats to achieve optimal clinical and population-level health outcomes.
3. Apply the One Health Concept to a simulated public health response scenario to operationalize the approach in data aggregation, policy development, and deployment settings.

Training Session

**Promotion Preparation Workshop: For Officers**

Jun 9, 2025 13:00     *CDR Michelle Barbosa, LCDR Zavera Brandon, LCDR Kyle Knight  
LCDR Ashley Krumenacker*

Jun 9, 2025 17:00

Duration: 4.0 hrs.

Hosted by the staff of the Personnel and Career Management Branch (PCMB) from Commissioned Corps Headquarters (CCHQ), the team will provide guidance on multiple topics pertaining to promotion. The sessions will benefit an assortment of audience members including:

2025 USPHS Scientific and Training Symposium  
Agenda

- Officers up for promotion
- Officers yearning to learn about the promotion process
- Supervisors, agencies coordinators, and liaisons to deepen their knowledge and increase their ability to support their officers

Information that will be covered includes:

- Curriculum Vitae (CV)
- Commissioned Officers' Effectiveness Report (COER)
- Reviewing Officials Statement (ROS)
- Officer's Statement (OS)
- Officer Promotion Package Verification System (OPPVS)
- PHS Awards Process and Narratives

At the completion of this session participants will be able to:

1. Explain the differences between the various documents utilized for promotion.
2. Craft concise impact statements for promotion documents and awards narratives.
3. Duplicate guidance and support to assist other officers up for promotion.

Training Session

**Addressing medical and non-medical factors to improve health outcomes advancing principles through practice.**

Jun 9, 2025 13:00     *CAPT Melissa Briggs Hagen, CDR Jerome Anderson,*

Jun 9, 2025 17:00     *CDR Zewditu Demissie, CDR Iman Martin, LCDR Lisa Huang,*

Duration: 4.0 hrs.     *LCDR Jorge Muniz-Ortiz, LT Felicia Charles*

Medical and non-medical factors influence health outcomes. Opportunities to optimize health, considering both, requires familiarity with non-medical factors that impact health and empirically grounded approaches to mitigate adverse impacts of all factors on health. The session will leverage interdisciplinary subject matter experts from across the Corps to equip attendees with: 1.) A fundamental understanding of non-medical factors and their impact on health 2.) The practice-oriented principles that may be important in professional and response applications of non-medical factors 3.) Familiarity with programs across federal agencies that mitigate the adverse impacts of non-medical factors, and 4.) Opportunities for continuing education, engagement, and action. The session will be interactive, introspective, inspirational and prepare attendees to approach their professional duties with deeper dedication to improving health.

2025 USPHS Scientific and Training Symposium  
Agenda

At the completion of this session participants will be able to:

1. Discuss the factors impacting health.
2. Provide an overview of the various programs addressing factors impacting of health in the federal government.
3. Identify opportunities within the PHS and communities for officers to engage in addressing these factors.

Training Session

**Field Readiness and Deployment: Strengthening Skills for USPHS Officers**

Jun 9, 2025 13:00     *CDR Rovigel "Jill" Gelviro, CDR Clara Stevens, LCDR Daveta*

Jun 9, 2025 17:00     *Bailey*

Duration: 4.0 hrs.

In an era of rapidly evolving challenges and dynamic environments, the ability to prepare and execute effective field operations is paramount for operational success. This workshop is designed to enhance the readiness and deployment capabilities of USPHS officers involved in field operations across various sectors, including emergency response and humanitarian aid. Participants will engage in hands-on training sessions, interactive simulations, and collaborative exercises that focus on key competencies such as risk assessment, resource allocation, logistical planning, and real-time decision-making. By fostering a comprehensive understanding of operational frameworks and best practices, this workshop aims to equip attendees with the skills and knowledge necessary to respond swiftly and effectively to diverse operational scenarios. Emphasizing leadership, teamwork, communication, and strategic thinking, the workshop will culminate in a series of case studies/tabletop exercises that allow participants to apply their learning in practical contexts, ensuring they leave with actionable insights and enhanced readiness for future deployments.

At the completion of this session participants will be able to:

1. Identify key components of field readiness and deployment.
2. Describe the logistics of field deployment, including safety protocols and team coordination.
3. Demonstrate essential field operations skills in a simulated environment and enhance leadership and decision-making skills.

## Tuesday, June 10, 2025

General Session

### **Career Mentoring**

Jun 10, 2025 07:00

Jun 10, 2025 09:00

### **Allied Health Combined Mentoring Session**

Experience the benefits of mentoring while exploring specific areas of career development necessary for an Officer's success in the Commissioned Corps. During your session, your mentor will help you identify ways to connect with cross-PAC and PAC mentors for resources.

The following leads are holding a combined mentoring session.

- Pharmacy: CDR Katrina Klang
- HSO (Social Worker): CDR John Diehl, CDR Lajeana Hawkins, CDR Valerie Marshall
- Scientists (Psychologist PhD and PsyD): CDR Nazia Rahman

### **Applied Public Health**

**Nurse**

**Physician**

**Therapist**

General Session

### **Preparing for Uniformed Service Medical Leadership Roles**

Jun 10, 2025 11:00 *MG (ret.) Joseph Carvalho, Jr., MD*

Jun 10, 2025 12:00

Duration: 1 hr.

Developing and then sustaining clinically related subject matter expertise is a full-time job in and of itself. The speaker shares lessons learned from his 38-year Army Medicine career on how one effectively transitions from clinical to administrative and executive leadership roles in the military, with a review of best practices that may be applicable to uniformed USPHS Officers.

At the completion of this session participants will be able to:

1. Develop an audacious, yet realistic, 10-year target that reflects professional growth within the USPHS.
2. Develop initial ways by which they can realistically move towards their desired 10-year endpoint.
3. Successfully use their mentors to help them effectively navigate their journey towards their desired 10-year endpoint.

2025 USPHS Scientific and Training Symposium  
Agenda

Track 1: Clinical Care Career Pathway

**PACT Act's Impact on Veterans Exposed to Toxic Environments**

Jun 10, 2025 16:00

Jun 10, 2025 16:30

Duration: .5 hrs.

Background: One in three Veterans report exposure to environmental hazards and one in four report persistent major health concerns due to exposures encountered during military service. For years millions of veterans did not receive the proper healthcare or benefits related to conditions that resulted from their military environmental exposures. Since the passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, many veterans are now eligible for healthcare benefits and financial incentives if they have been exposed to toxins during their service and have manifested certain conditions after their service.

Methods: The PACT Act of 2022 is a once-in-a-generation policy that went into effect on 10, August 2022 to expand benefits and VA healthcare for Veterans exposed to burn pits, Agent Orange, and other toxic substances. The PACT Act adds to the list of health conditions that are presumed to be caused by exposure to these substances. This law helps provide generations of Veterans and their survivors with the care and benefits they've earned and deserve.

Since the law was passed, the VA has implemented the authorities included in the Act to ensure the treatment of veterans with military environmental exposures, conducting research on military environmental exposures, and hiring and retaining staff to treat affected veterans. The long-term vision of the PACT Act is to ensure that veterans can receive high-quality healthcare screenings and services related to potential toxic exposure. This vision will be achieved by the timely treatment of veterans' whole health with exposure-informed care, conducting research to better understand the impact of toxic exposures, and ensuring that clinicians caring for veterans have the appropriate education and training.

Results: The PACT Act has empowered the VA to help millions of toxic-exposed veterans and their survivors. The following are national milestones reached since the PACT Act:

- As of October 2024, the VA has assessed over 5,690,117 veterans for toxic exposures during military service, with more screenings daily.
- Since August 10, 2022, we've enrolled 739,421 Veterans in VA health care, with 161,706 of those enrollments exclusively due to PACT Act authorities.
- Thanks to the PACT Act, more than 800,000 Veterans in Priority Groups 7 and 8 have received a priority group upgrade.
- To date, the VA has awarded more than \$6.8 billion in earned benefits to Veterans and survivors who filed PACT Act-related claims.

2025 USPHS Scientific and Training Symposium  
Agenda

- The VA hosted more than 2,600 PACT Act outreach events since enactment.
- The VA has partnered with the American College of Preventive Medicine (ACPM) to provide Level I and Level II certification training programs in Military Environmental Exposures for all providers (civilian and VA) and will equip each participant with the skills and knowledge needed to effectively identify, treat, and manage the effects of environmental exposures for this significant population.

Conclusion: VA publishes data about the PACT Act on a bi-monthly basis to measure the implementation of this legislation and showcase its impact on Veterans and survivors. Milestones reached to date are major accomplishments to ensure Veterans receive high-quality healthcare screenings, benefits, and services related to potential toxic exposure. The VA will continue to strive to put Veterans first by improving healthcare received, policies, programs, and ongoing research.

At the completion of this session participants will be able to:

1. Name at least 3 types of Toxic Military Environmental Exposures
2. Name one of the presumptive conditions for veterans exposed to airborne hazards
3. Describe at least 2 initiatives the VA has implemented to care for veterans exposed to toxic environments

Track 2: Applied Public Health Career Pathway

**Improving Access to Antidotes through Standardization and Preparation**

Jun 10, 2025 16:00 *Benjamin Lowry*

Jun 10, 2025 16:30

Duration: .5 hrs.

Background: Rural health care faces a challenge of being under-resourced as well high risk for high alert low occurrence (HALO) scenarios. Because rural health care facilities are responsible for a significant land mass, they often serve as triage centers for severe cases to be transferred to a quaternary care center. When it comes to acute toxicology and overdoses, rural health care centers must choose what antidotes to stock based on cost and prevalence and prepare for action plans for HALO scenarios that antidotes are not stocked. Does your institution have a plan to address rare overdoses?

Methods: Gallup Indian Medical Center previously had an antidote list that was last updated in 2018. The first step was updating this antidote list based on modern evidence. After consulting New Mexico Poison control, it was recommended to use Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care as the primary reference for the antidote list. Once this list was developed, it was reviewed by key stakeholders and pricing information was obtained. After this step, the antidote list was sent to GIMC pharmacy and therapeutics (P&T) committee to decide par levels of all antidotes. If local P&T decided an antidote was not going to be stocked because of cost, availability, etc. then an emergency action plan was developed to identify where to procure antidotes quickly if needed. On the antidote list, a time frame for procurement was identified which helped guide how fast each antidote needed to be available. Once the

2025 USPHS Scientific and Training Symposium  
Agenda

antidote list was fully developed, a system for maintaining par levels despite low usage was established. Finally, this process and outline was shared on an area level to ultimately improve accessibility and reduce response time in rural healthcare facilities.

**Results:** The full impact of the antidote list have not been recognized yet, and at this time, the antidote list is in the approval process at GIMC's P&T committee. However, in the development of the antidote list, multiple patient cases were discovered where the antidote needed to stabilize and triage the patient was not properly stocked. These cases included valproic acid overdoses, salicylate overdoses, and heparin induced thrombocytopenia. When this list is finalized, changes to the formulary will be tracked and case reports will describe changes in practice. At a minimum, this project aims to implement a framework at GIMC that can be replicated at other rural hospitals nationwide.

**Conclusion:** A major conclusion recognized is that preparation improves access to life saving medications. Low occurring scenarios should be recognized as an opportunity for hospitals to improve patient care. It is recommended that all rural hospitals evaluate their risk of encountering an acute toxicology scenario and establish a plan for responding to these patients. It is recommended that all hospitals review antidote par levels and for antidotes that are not stocked, identify the nearest hospital that will stock this antidote proactively. It is recommended that hospitals consult poison control resources to help develop the appropriate antidote inventory.

At the completion of this session participants will be able to:

1. Describe the process for updating the antidote list.
2. Recognize the impact of the updates
3. Identify key recommendations.

Track 3: National Security Career Pathway

**Pandemics, Bioterrorism, and National Security: Shaping Career Paths for the U.S. Public Health Service Commissioned Corps of the Future**

Jun 10, 2025 16:00 *Felicia Warren*

Jun 10, 2025 16:30

Duration: .5 hrs.

**Background:** Global health security is an increasingly complex challenge that requires collaboration across national borders, sectors, and disciplines. In this multidisciplinary interagency panel presentation, officers will explore the intersections of the International Health Regulations (IHR), national security strategies, and biodefense initiatives while focusing on the practical implications for disease management, global health security, and resilience of global supply chains.

**Methods:** This multidisciplinary interagency panel will discuss the International Health Regulations (IHR), which provide a legal framework for managing cross-border health threats and coordinating global responses to public health emergencies. Panelists will also discuss the strategic alignment of the 2022 National Security Strategy and the

2025 USPHS Scientific and Training Symposium  
Agenda

National Biodefense Strategy and Implementation Plan, specifically their integration into global health security frameworks. The panel will highlight how these national policies support U.S. leadership in international health and how USPHS officers can apply these strategies to enhance disease prevention, detection, and response efforts. Finally, the panel will address the vital role of global supply chains in maintaining health security, especially in the face of pandemics and biological threats. With a focus on logistics, international cooperation, and the need for robust infrastructure, the panel will discuss strategies for strengthening supply chains essential for effective disease management and global health resilience.

Results: By the end of this session, attendees will be able to describe the key frameworks driving global health security and identify practical ways to strengthen health defense at both national and international levels.

Conclusion: This session will also explore career paths for the U.S. Public Health Service Commissioned Corps to strengthen national security.

At the completion of this session participants will be able to:

1. Describe International Health Regulations (IHR) and its role in Global Health Security
2. Describe 2022 National Security Strategy and National Biodefense Strategy with Global Health Security goals
3. Examine the integration of disease management, biodefense, and global supply chain resilience

#### Track 4: Health Strategy and Innovation Career Pathway

##### **Strategies for Creating High-Performing Teams**

Jun 10, 2025 16:00 *Anthony Shelton*

Jun 10, 2025 16:30

Duration: .5 hrs.

Background: In today's high-paced environment, where technology and business models are rapidly evolving, it is crucial for organizations to build and maintain high-performing teams. These teams need to have a strong foundation in project management and be forward focused, leading the positive changes around them.

Methods: Review of project management resources that focus on team building and leadership development. What was found was a list of recommendations that focus on 3 areas: development of team members, development of a collaborative team, and development of a team leader.

Results: In order to achieve a successful and dynamic team structure, it is important to develop team members' skills and abilities. By honing a team's power skills, or the behaviors and abilities that facilitate positive working relationships, one can create a strong team environment that fosters collaboration and productivity. Once individuals

2025 USPHS Scientific and Training Symposium  
Agenda

have the skills they need to work together, there are 4 key ways to bring teams together into one cohesive and successful unit capable of adapting to the rigors of today's project management environment: cultivating an ethos of change, inspiring strong performance, forging real connections, and developing resilience. In addition to team member and overall team development, through embodying the skills of servant leadership, team leaders may enhance their own abilities and therefore contribute to the success of their teams.

Conclusion: Through incorporation of simple leadership and team-building strategies, any organization can develop and maintain high-performing teams that are capable of responding to the high-paced environment of today's world and that can manage projects with high degrees of success.

At the completion of this session participants will be able to:

1. Recognize common examples of power skills.
2. Identify 4 objectives for creating successful teams
3. Enumerate the key characteristics of a servant leader

Track 5: Transforming Public Health

**Toward an Age-Friendly Society: Empowering Intergenerational Caregivers for the Future**

Jun 10, 2025 16:00 *Adriana Restrepo*

Jun 10, 2025 16:30

Duration: .5 hrs.

Background: As populations age, public health faces escalating challenges linked to shifting demography, ageing, and informal caregiving stress, which adversely impact the quality of life for older adults and caregivers. In the US, the aging population has led to significant increases in intergenerational caregiving, with family and friends providing the majority of care. This presentation explores the stressors associated with caregiving for a rapidly aging population, considering the impact on caregivers' health. Highlighting the U.S. Surgeon General's existing priorities, Social Connection, Workplace Well-being, Mental Health, and Burnout, actions are identified for a path to advance care for older adults and caregivers.

Methods: A literature review explored the challenges and negative perceptions towards aging which can significantly impact the caregiving experience, leading to increased stress, reducing quality of care, financial burden, lack of support, and physical strain.

Results: Results of the review indicate that caregivers experience high levels of psychological distress and health issues, exacerbated by limited resources and support networks.

2025 USPHS Scientific and Training Symposium  
Agenda

Conclusion: Conclusions will highlight the need for public health providers to develop targeted interventions, caregiver support programs, and mental health services. These strategies aim to alleviate caregiver stress, improve health outcomes, and support the sustainability of informal caregiving in the face of an aging society. This presentation advocates for a global shift toward a more equitable, age-friendly society that empowers caregivers, reduces stigma, and enhances support systems to meet the complex needs of an aging population.

At the completion of this session participants will be able to:

1. Examine the primary sources of stress among informal caregivers for older adults, focusing on financial, emotional, and physical challenges that impact caregiver well-being.
2. Identify how these stressors affect the mental and physical health of caregivers to inform public health responses.
3. Recognize recommended targeted strategies for public health providers to reduce caregiver burden, including access to respite care, mental health resources, and community-based support programs.

Track 6: Public Health in Action

**Healthy Mind Initiative Training Session - Get Certified to Improve Our Nation's Youth Mental Health**

Jun 10, 2025 16:00 *Karen Chaves*

Jun 10, 2025 16:30

Duration: .5 hrs.

Background: Since the COVID-19 pandemic, there has been a significant increase in mental health disorders in youth than any other age group. Rates of suicidal ideation are highest among youths, especially in youth with disabilities, racial/ethnic minorities, and LGBTQ+ youth. The Surgeon General's (SG) 2021 Advisory on Protecting Youth Mental Health was issued. In 2018, the Asian Pacific American Officers Committee (APAOC) of the United States Public Health Service (USPHS) established the Healthy Mind Initiative (HMI) to raise awareness on youth mental health issues, reduce stigma, and encourage parents and youth AANHPI communities to seek help when needed.

Methods: To further the HMI mission outside of the AANHPI communities, APAOC has collaborated with OSG's Prevention through Active Community Engagement (PACE) to develop a mental health lesson plan educate parents and caregivers on how to improve the well-being of their youths. The HMI lesson plan received approval from the Office of the Surgeon General in September 2022 for nationwide implementation to promote mental health and well-being of youth in all populations. In 2023, APAOC developed the training program in collaboration with PACE to train members from both APAOC and PACE's Surgeon General Education Teams (SGETs) to deliver the HMI lesson plan nationwide. Over 42 USPHS officers have received this training to deliver the HMI lessons and have reached

2025 USPHS Scientific and Training Symposium  
Agenda

over 8,200 individuals in communities nationwide from these collective efforts. Healthy Minds Initiative subject matter experts will conduct a training at the USPHS Symposium for officers to become equipped to conduct the curriculum for any community and health education events. The training session will review the established curriculum and provide opportunity for hands-on learning.

Results: Participants will learn 1) how to have meaningful and engaging conversations with parents and youths about mental health, 2) how to become an agent for change in mental health resiliency in your community, 3) about national and local resources available for mental health awareness and education.

Conclusion: Mental health wellness is an important part of healthy communities. USPHS officers are helping to address disparities in mental health awareness and education through APAOC and SGET collaborations using the Health Minds Initiative curriculum. APAOC members continue to support HMI training in conjunction with PACE/SGET to increase the number of officers trained to deliver the lesson plan and to create more meaningful partnerships to better reach our youth and the local communities. HMI's success has paved the way for USPHS officers to step forward and be a force multiplier for the SG's priorities.

At the completion of this session participants will be able to:

1. Recognize at least two (2) mental health disparities plaguing the youth in the U.S.
2. Describe the HMI lesson plan
3. List at least one of the steps USPHS officers must take to become HMI-certified.

Track 1: Clinical Care Career Pathway

**The PHS MSW Fellowship Program: Reimagining Recruitment and Shaping our Own**

Jun 10, 2025 16:30

Jun 10, 2025 17:00

Duration: .5 hrs.

Background: The demand for licensed clinical social workers (LCSWs) in the United States has reached unprecedented levels. The Commissioned Corps of the United States Public Health Service (USPHS) stands as an exceptional and ideal resource, uniquely poised to deliver the necessary clinical training and expertise essential for addressing this growing demand.

Methods: The demand for licensed clinical social workers (LCSWs) in the United States has reached unprecedented levels. The Commissioned Corps of the United States Public Health Service (USPHS) stands as an exceptional and ideal resource, uniquely poised to deliver the necessary clinical training and expertise essential for addressing this growing demand.

2025 USPHS Scientific and Training Symposium  
Agenda

CAPT Indira Harris and CDR Jennifer Andrews-Burke conceptualized an MSW Fellowship Program, submitted a white paper on same and the MSW Fellowship has been accepted and adopted by CCHQ and is now the model for future recruitment for other categories and disciplines!

Results: The Post Graduate Clinical Social Work Fellowship Program stands as an invaluable opportunity, equipping fellows with supervised clinical hours (depending on state of licensure) supervised hours essential for exam eligibility and licensure application. This program translates to an immersive three-year full-time commitment, guided by the expertise of a LCSW to deliver clinical supervision for those aspiring to attain clinical licensure.

Within the framework of this program, fellows are uniquely positioned to acquire the necessary individual and group therapy hours, fostering the provision of crucial mental health and substance abuse care and support within various federal agencies where patients are served. The program's design not only facilitates real-world experience but also embraces contemporary methods, allowing fellows to deliver therapy both in-person and via telehealth, while employing a trauma informed person-in-environment focus, become competent at assessment and diagnosis utilizing the Diagnostic and Statistical Manual, 5th Edition Text Revision (DSM V-TR), conduct bio-psycho-social assessments, suicide risk assessments, case management and care coordination, craft patient-centered treatment plans, clinical charting via electronic health records, and discharge plans. Following licensure, fellows will serve in a variety of clinical billets at Federal agencies where there are critical behavioral health provider shortages.

Conclusion: DHS/IHSC has written the MSW Fellowship Handbook and is the model that other Federal Agencies will benchmark from. IHSC will lead the way, training the first MSW Fellows. CCHQ will soon open the application process and will select the best and brightest MSWs to begin as 0-1 officers, collecting hours and training at three selected clinical sites at 3 IHSC facilities. The first MSW Fellows will gain the clinical skills needed to first serve at IHSC and upon repayment of training time and investment at the agency of the officer's choice. Fellows will later be placed at IHS and BOP

At the completion of this session participants will be able to:

1. Define the MSW Fellowship Program

Track 2: Applied Public Health Career Pathway

**Unpacking Vaccine Hesitancy Among Racial and Ethnic Urban Communities**

Jun 10, 2025 16:30 *Jenna DeSimone*

Jun 10, 2025 17:00

Duration: .5 hrs.

2025 USPHS Scientific and Training Symposium  
Agenda

**Background:** Misinformation disseminated by online sources regarding the COVID-19 vaccine has contributed to the proliferation of vaccine hesitancy within certain communities. Despite the institution of vaccine mandates and the circulation of educational materials on the COVID-19 vaccine, many communities remain vaccine-hesitant. In order to identify what communities should be targeted during vaccination campaigns and what communication strategies are effective in reducing vaccine hesitancy, this study surveyed the vaccination concerns and attitudes of New York City residents from different neighborhoods and different racial and ethnic groups after reading a COVID-19 factsheet.

**Methods:** This is a cross-sectional study of a convenience sample of 907 diverse racial and ethnic participants from mainly low-income communities in New York City. Participants were recruited from community-based agencies, social service programs, and religious institutions. Once consent was given, participants received the COVID-19 factsheet to review, followed by the completion of an online survey. As part of an educational intervention, the factsheet addressed myths regarding vaccine side effects, hesitancy, access, vaccine efficacy, and provided knowledge on the vaccine formula. The online survey gathered data on participants' demographics, healthcare access, health status, history of flu vaccination, COVID-19 vaccine concerns, and the effectiveness of the factsheet. The study was IRB-approved, and all participants reviewed and signed a consent form. Trained public health research assistants administered the factsheet and provided access to the online survey via SurveyMonkey. Survey questions were developed from prior valid and reliable studies. Data from SurveyMonkey was exported to Python and Excel statistical software applications. We conducted analyses of demographics and frequency of data collected. We then used cross-tabulations and Chi-Square tests to evaluate the association between demographic features and participants' vaccine concerns.

**Results:** The study surveyed 907 respondents, achieving a high response rate of 74% (n=668). After reading the fact sheet, 47% of unvaccinated indicated a willingness to get vaccinated, though 18% remained uncertain ( $p < 0.0001$ ). Personal and health concerns significantly influenced vaccine hesitancy, increasing the odds of unwillingness by 6.6 times compared to those without those concerns. Conversely, access and logistical challenges were associated with an 89% decrease in unwillingness but increased uncertainty by 4.1 times. Among demographic groups, respondents of Black or African descent exhibited the lowest willingness, with 13% being unwilling and 18% uncertain. Geographically, Brooklyn had the highest rate of vaccine hesitancy, with 21% of respondents unwilling and 14% remaining uncertain. An evaluation of willingness by age demonstrated that the 18–25 age group showed the highest level of uncertainty (15%), while the 26-40 age group had the highest rate of unwillingness (15%). Additionally, respondents without children or elderly persons in the home expressed the highest rate of unwillingness (11%) and uncertainty (16%).

2025 USPHS Scientific and Training Symposium  
Agenda

**Conclusion:** This study provides important insights into associations regarding vaccination concerns among New York City residents and the impact on vaccine willingness. It highlights that individuals aged 18-25 showed the highest levels of vaccine hesitancy, potentially due to a lack of COVID-19 education, while those aged 26-40 demonstrated strong refusal, possibly linked to professional constraints. The study also reveals that Black individuals exhibited the highest vaccine hesitancy and distrust of vaccine information. These findings underscore the need for targeted communication strategies to build trust and increase vaccination willingness, especially among young adults and the Black community in New York City.

At the completion of this session participants will be able to:

1. Examine the underlying concerns regarding vaccine hesitancy among different racial and ethnic urban groups.
2. Describe the different variables associated with unwillingness to vaccinate among different racial and ethnic urban groups.
3. Describe the efficacy of a COVID-19 vaccine education intervention among different racial and ethnic urban groups.

Track 3: National Security Career Pathway

**Collaboration in Preparedness: Developing a Common Operating Picture (COP)**

**Dashboard**

Jun 10, 2025 16:30 *Garrette Martin-Yeboah*

Jun 10, 2025 17:00

Duration: .5 hrs.

**Background:** Preparedness is crucial for ensuring optimal response outcomes in emergency management. Effective planning requires collaboration of federal states and local entities so that when systems are overwhelmed by natural disaster or man-made events or even special security events.

**Methods:** A common Operating Picture Dashboard provides an at-a-glance look at capabilities of the various partner entities so that risks and gaps can be identified. The unique benefit of the COP dashboard is that it can be utilized between federal entities, federal to local efforts or even internal to one individual office or agency. These dashboards are crucial for sharing a graphical or pictorial view of information which saves time, enhances depth of detail provided for leadership briefing and allows continuity of information presentation. A step by step method will be presented for how to engage stakeholders and harness the most crucial information so that it can be shared in a concise manner for use in an emergency or steady state period.

**Results:** This poster will exam the steps for stakeholder engagement to assess focused input to a common operation picture dashboard, information placement and categorization as well as methods for distributing and briefing from the document for

2025 USPHS Scientific and Training Symposium  
Agenda

effective outcomes. The presenter will review the pros and cons of various dashboard types and methods for distribution to leaders.

Conclusion: Finally, participants will walk away with an understanding of how and when to implement use of the dashboard and how it can replace and /or supplement other communication types in various situations. Participants will have an opportunity to brainstorm and lay out a draft dashboard that may be of use for their current operational facility and have an idea of how to seek stakeholder engagement to complete a project at their duty station.

At the completion of this session participants will be able to:

1. State why collaboration is essential to preparedness.
2. Examine the benefit of using the COP Dashboard for meetings and briefings.
3. Recall steps to foster the creation of a COP Dashboard for a team, agency or interagency working group.

Track 4: Health Strategy and Innovation Career Pathway

**AI in Healthcare: A Review of Current Literature and Its Benefits to Public Health Officers**

Jun 10, 2025 16:30 *Lucy Efobi*

Jun 10, 2025 17:00

Duration: .5 hrs.

Background: In recent years, artificial intelligence (AI) has emerged as a transformative force in the healthcare sector. Although specific studies examining the benefits of AI for Public Health Service Officers (PHS) are still limited, findings from related fields suggest significant advantages that can be applied to enhance public health initiatives. Alowais, S.A., et al., in their study "Revolutionizing Healthcare: The Role of AI in Clinical Practice," concluded that integrating AI into healthcare holds great potential for improving disease diagnosis, treatment selection, and clinical laboratory testing. PHS officers can leverage these benefits to strive for excellence in service delivery to the public.

Methods: This project will analyze the use of AI in the healthcare system, with a focus on Public Health Service Officers. A comprehensive review of 5-10 current relevant literature sources will be conducted, including publications from NIH, the Journal of Medical Internet Research, PubMed/Medline, and Scopus. The review will be limited to articles published in English. Results will be presented in a presentation format, highlighting the importance of machine learning, basic AI applications and how public health officers can benefit from this technological revolution.

The central question explores the impact of applying AI in healthcare settings and the potential outcomes of this application.

2025 USPHS Scientific and Training Symposium  
Agenda

Results: The integration of artificial intelligence (AI) in healthcare has significant potential to enhance public health initiatives. A key lesson is AI's ability to transform complex data into actionable insights, improving disease diagnosis and treatment while optimizing healthcare delivery. For public health officers, it's essential to recognize how technology can complement human expertise to enhance patient care.

\*\*\*\*This author will be attending a 6 week course hosted by MIT Sloan School of Management Executive Education- Artificial Intelligence in Health Care. And will be sharing more light from the program during the presentation.

Conclusion: While the research specifically examining AI's benefits to Public Health Service Officers is still in its early stages, the broader implications of AI in healthcare are undeniable. By leveraging enhanced data analysis, decision-making support, streamlined processes, improved communication, and optimized resource allocation, Public Health Service Officers can significantly enhance their response to public health challenges. Continued exploration of AI applications in public health will likely yield further insights and innovations, ultimately benefiting communities and improving health outcomes on a larger scale."

At the completion of this session participants will be able to:

1. Define AI
2. Describe Machine learning algorithms as highlighted in Artificial Intelligence in Health Care Course by MIT Sloan School of Management Executive Education.
3. Describe AI Technology/ applications such as Chatbots and virtual assistants can provide real-time information about health resources, vaccination sites, and health guidelines.

Track 5: Transforming Public Health

**Strengthening Public Health Deployment Agility and Deployment Lessons Learned**

Jun 10, 2025 16:30 *Ifeyinwa Maduka*

Jun 10, 2025 17:00

Duration: .5 hrs.

Background: Public health deployments temporarily assign officers from their regular duties within HHS (Health and Human Services) and sometimes non-HHS organizations in response to various critical situations like war, health emergencies, crises, or global health events. Deployment readiness is a collective responsibility across the public health workforce, and ensuring that officers are prepared physically, mentally, and medically is essential. The Readiness and Deployment Branch (RDB) oversees officers' compliance with readiness standards, which includes health examinations, mandatory investigations, and vaccinations. However, challenges persist, including physical and mental health concerns, family preparedness, and ethical and cultural considerations.

2025 USPHS Scientific and Training Symposium  
Agenda

**Methods:** The RDB implements a policy-driven approach to force health protection that mandates readiness through regular physical, dental, and psychological evaluations, as well as specific vaccinations. The program addresses common health issues during deployment, such as non-combat injuries, gastrointestinal and respiratory conditions, and dermatologic issues. Additionally, this work explores the operational and personal aspects of deployment readiness, emphasizing the importance of family preparedness, ethical considerations, and cross-cultural values.

**Results:** Deployment readiness initiatives by the RDB help officers meet the necessary standards to fulfill their duties. Key outcomes include maintaining a high level of physical and mental health, ensuring that families are prepared for deployment demands, and recognizing the ethical and cultural challenges that may arise in diverse deployment environments. Officers gain valuable skills and insights, improving both individual and organizational resilience and adaptability during deployments.

**Conclusion:** Maintaining high readiness standards is essential for public health officers to effectively fulfill their deployment roles, benefitting individual officers and their families, the public health community, and the populations they serve. This work highlights the importance of comprehensive deployment preparation, mental health awareness, family readiness, and ethical and cultural sensitivity, all of which contribute to successful deployment outcomes and enhanced public health response capabilities.

At the completion of this session participants will be able to:

1. Describe the life cycle of public health deployment assignments.
2. Identify essential skill sets required for successful deployment, emphasizing the importance of mental health awareness and readiness.
3. Examine the concept of family readiness in the context of an officer's deployment assignment

Track 6: Public Health in Action

**Taking Your Career to the Next Level with USPHS Partner Trainings**

Jun 10, 2025 16:30 *Kimberly Langley*

Jun 10, 2025 17:00

Duration: .5 hrs.

**Background:** CCHQ offers training opportunities to enhance the careers of USPHS officers to further the mission of the service. These long-term training opportunities support officers' career development in the various career pathways including national security, applied public health, clinical care, and health strategy information. The number of applications to these programs are relatively small compared to other leadership training opportunities provided by CCHQ. The CCHE training branch seeks to provide more information regarding the application process and benefits of participating in these training

2025 USPHS Scientific and Training Symposium  
Agenda

opportunities that not only support the individual officer development but also promotes interagency visibility of the USPHS Commissioned Corps.

**Methods:** This panel presentation aims to equip U.S. Public Health Service (USPHS) officers with the knowledge and strategies necessary to effectively leverage partner trainings for career advancement and professional development. Officers can choose from several different identified career pathways to deliver on the Commissioned Corps mission. Experienced USPHS officers will share insights on identifying, selecting, and maximizing the benefits of partner training opportunities to support their career pathways.

The panel will explore how these trainings can enhance officers' skills, broaden their professional networks, and contribute to their career progression within the USPHS. Participants will learn to evaluate training options, align them with their career goals, and effectively apply the knowledge gained to their roles in public health service.

**Results:** Officers will share their experience from participating in the various training programs and provide their key takeaways for other officers considering these training opportunities.

**Conclusion:** Recommend providing more forums for officers to learn about different training opportunities to enhance officers' careers.

At the completion of this session participants will be able to:

1. Identify at least 1 partner training opportunity available through USPHS
2. Describe the administrative procedures for applying to and completing partner training programs
3. Recall how partner training experiences can be leveraged to enhance officers' careers

Track 1: Clinical Care Career Pathway

**What they wish you had said: How to have difficult conversations with patients and families**

Jun 10, 2025 17:00

Jun 10, 2025 17:30

Duration: .5 hrs.

**Background:** An end-of-life conversation is a complex and often emotionally charged discussion between a patient, their family, and healthcare providers regarding their wishes for medical care when facing a terminal illness, including preferences for treatment options, location of care, and desired level of life-sustaining measures, aiming to ensure a dignified and aligned death experience while addressing personal values and fears about the dying process. In many healthcare settings, these conversations occur late in the

2025 USPHS Scientific and Training Symposium  
Agenda

patient's trajectory of health, denying patients and families the full myriad of options that would otherwise be available to them.

Methods: Using simulation, healthcare team members are afforded the opportunity to practice having end-of-life care conversations with patients and families, exploring best practices in a low-stakes simulated environment rather than in milestone moments for patients facing their own mortality.

Results: Results have shown consistently that participants have increased confidence in leading end-of-life care planning discussions following the simulations. This increase in comfort and confidence is encouraging that participants will then be more likely to engage in early, more frequent/transparent dialogue about end-of-life decisions with their patients despite the culture of death-denying that plagues the nation.

Conclusion: The benefits of this didactic and simulation hybrid education model include: Provides a safe space to practice difficult communication skills without real-life consequences.

Allows for feedback and debriefing to identify areas for improvement.  
Can enhance empathy and understanding of patient perspectives.

This training will empower participants to utilize this model in their own teams to enhance communication and encourage providers to bravely engage in honest, transparent conversations about end-of-life care.

At the completion of this session participants will be able to:

1. Describe how to plan an end-of-life simulated conversation for training purposes.

Track 2: Applied Public Health Career Pathway

**Health effects associated with electronic cigarette use: findings and limitations of recent epidemiologic studies**

Jun 10, 2025 17:00 *Hayley Ashbaugh*

Jun 10, 2025 17:30

Duration: .5 hrs.

Background: “Every day” or “some day” use of electronic nicotine delivery systems (ENDS), or e-cigarettes, was low among U.S. adults overall in 2021 (4.5% (95%CI: 4.2-4.9%)), but relatively higher among young adults (11% (95%CI: 9.4-12.7%)) [1]. Similarly, past 30 day use of ENDS was higher among youth in 2023 (7.7% (95%CI: 6.8-8.6%)) [2]. Within the Department of Defense, use prevalence was even higher, with U.S. Servicemembers (SM) having a 9% overall prevalence of past 30 day use in 2018-2019 and 17% among 17-24 year old SM[3] (national US prevalence for 18-24 year olds in 2019 was 9.3% (95%CI: 7.9-10.7%)[4].

2025 USPHS Scientific and Training Symposium  
Agenda

**Methods:** While ENDS use may facilitate reduced smoking in some adults [5], the uptake of ENDS among youth and young adults is a critical public health concern, particularly for vulnerable populations such as youth and Servicemembers. The National Academies of Sciences, Engineering, and Medicine (NASEM, 2018) report on “Public Health Consequences of ENDS” was among the first systematic assessments of the potential health risks of ENDS. [6] To provide current information on ENDS use and associations with health effects, The Division of Population Health Science-Epidemiology Branch, Food and Drug Administration/Center for Tobacco Products conducts quarterly searches of the literature and extract findings from relevant studies to describe new, primarily observational, studies published since the 2018 NASEM report.

**Results:** Forty-four studies assessing health effects of ENDS (observational and randomized control trials) published between 2018 and 2023 were reviewed. Among individuals who use ENDS versus those who have never used tobacco, there is some epidemiologic evidence suggesting associations with adverse cardiovascular, respiratory, and oral health outcomes. Considering dual use of ENDS with combustible cigarettes (CC) versus exclusive CC use, scientific evidence on health outcomes is very limited and potentially driven by the amount of reduction in cigarettes per day among those who dual use. Considering ENDS use versus CC use, some studies show associations with improved cardiovascular, respiratory, and oral health outcomes among individuals using ENDS instead of CC, although ENDS use could still be a health risk.

Strengths of this assessment include availability of some longitudinal studies and randomized control trials, as well as many cross-sectional studies with nationally representative data. Additionally, numerous studies included measurements conducted by trained health care providers (rather than self-report only). Limitations include overall short timeframes for most studies, making measurement of chronic health outcomes challenging. Many of the studies were cross-sectional, precluding temporality establishment. Controlling for CC use history was challenging, and definitions of ENDS and CC use varied widely.

**Conclusion:** In conclusion, while nationally representative cross-sectional studies can be useful, longitudinal studies of longer duration would strengthen understanding of the impact of ENDS use on chronic health outcomes such as cardiovascular disease and cancer. Additionally, controlling for CC use history is necessary to disentangle the effects of ENDS versus CC use in these studies. Prioritizing such research will better inform public health programs targeting individuals using ENDS.

At the completion of this session participants will be able to:

1. State the epidemiologic evidence for associations between ENDS use and adverse health outcomes among ENDS use groups.
2. Describe the challenges in studying associations of health effects with ENDS use.

2025 USPHS Scientific and Training Symposium  
Agenda

3. Describe the additional research, including more high-quality longitudinal studies, that would strengthen our knowledge pertaining to health effects associated with ENDS use.

Track 3: National Security Career Pathway

**Revitalizing the Mission Support Program: Enhancing Disaster Response Logistics and Preparedness**

Jun 10, 2025 17:00 *Sridevi Pochincherla*

Jun 10, 2025 17:30

Duration: .5 hrs.

**Background:** The Mission Support Program is essential to national disaster response, overseeing all logistics required to support field responders. This includes maintaining, transporting, resupplying, and supporting caches and kits that are deployed to emergency sites. The program faced a significant challenge when these assets were transferred to the Strategic National Stockpile (SNS) for three years and subsequently returned, requiring a comprehensive rebuild of the Mission Support Program's capabilities. Starting with only two staff members, the program quickly scaled up operations, restoring full functionality within four months. This rapid recovery enabled the successful deployment of resources during Hurricane Ian.

**Methods:** The program's transformation involved a systematic review and overhaul of its core processes. This began with a detailed analysis of historical after-action reports and a decade's worth of logged complaints related to cache operations in the field. These insights were instrumental in identifying areas for improvement and implementing targeted changes. The program established cache management working groups to streamline inventory processes, enhanced quality assurance protocols, and improved IT capabilities through integrations between ASPR Ready and ALRMS platforms. Additionally, new rehabilitation processes were created to ensure that assets could be resupplied, restored, and redeployed with minimal downtime. These initiatives positioned the Mission Support Program to provide continuous logistical support for complex and extended field operations.

**Results:** The program's extensive restructuring yielded a robust and responsive logistical support branch with a 100% rebuild of its cache system, achieved through collaborations with Logistics Cadre and National Disaster Medical Systems Teams. Feedback from field deployments was actively integrated to refine and strengthen operational processes, resulting in a highly adaptable program that met the demands of real-world emergencies. This enhanced readiness and flexibility were demonstrated during the program's recent deployments to Hurricanes Helene and Milton, where all response needs were met without any shortfalls.

2025 USPHS Scientific and Training Symposium  
Agenda

Conclusion: While the Mission Support Program has successfully re-established itself as a cornerstone of disaster response logistics, it faces several challenges that could impact its long-term resilience. Key areas of concern include securing stable funding, managing ongoing rehabilitation timelines for cached assets, and addressing reliance on commercial transportation for cache movement, which has led to significant delays when response demand surges. Prioritizing improvements in these areas over the next 3-5 years will be essential to maintaining the Mission Support Program's capacity to respond effectively and without interruption during future disasters.

At the completion of this session participants will be able to:

1. Identify 2 major challenges faced by the Mission Support Program after the caches were returned from the Strategic National Stockpile
2. Recognize key improvements made to enhance the program's logistical support and readiness
3. Describe future challenges anticipated by Mission Support Program over the next 3-5 years

Track 4: Health Strategy and Innovation Career Pathway

**Transforming Public Health Through Primary Care Workforce Development**

Jun 10, 2025 17:00 *Witzard Seide*

Jun 10, 2025 17:30

Duration: .5 hrs.

Background: Health care workforce projections show worsening clinician shortages, particularly in rural and underserved areas. Persistent primary care shortages in medically underserved areas continue to have consequences on our nation's ability to pursue health equity. While Medicare has funded graduate medical education (GME) since 1965, much of this funding focuses on hospitals that serve adult patients, creating a disparity in federal funding for children's hospitals and non-hospital sites such as teaching health centers that provide primary care. Primary care physicians (PCP's) have expertise in disease prevention and public health principles which aid in improving healthcare outcomes within these communities.

Methods: Health Resources and Services Administration's Bureau of Health Workforce focuses on strengthening the health workforce for communities in need. Within the Division of Medicine and Dentistry, these two unique programs specifically address primary care shortages through funding graduate medical education.

The Teaching Health Center Graduate Medical Education (THCGME) Program, authorized by Section 340H of the Public Health Service Act (42 U.S.C § 256h), provides funding to community-based primary care medical and dental accredited residency programs.

The Children's Hospital Graduate Medical Education (CHGME) Payment Program, authorized by 42 U.S.C. § 256e (§ 340E of the Public Health Service Act), supports graduate

2025 USPHS Scientific and Training Symposium  
Agenda

medical education in freestanding children's teaching hospitals to train physicians across multiple specialties and to provide quality care to vulnerable and underserved children.

Results: Since the THCGME program began in FY 2010, it has graduated 2,368 new primary care physicians and dentists to the workforce. In Academic Year 2023, the program has funded the training of over 1,096 residents in 81 community-based residency programs across 24 states.

Unlike traditional primary care residencies, 60% of THCGME graduates remain in primary care settings after graduation and over 50% of them in medically underserved and/or rural communities. In one academic year, about 1 million patients received care from THCGME residents during more than 1.4 million patient encounters.

The CHGME Payment Program currently supports 59 free standing children's hospitals nationwide – covering 29 states, Washington DC, and Puerto Rico, helping these hospitals provide care for low-income children across the country. This program increases the number of pediatric, pediatric subspecialty, and non-pediatric residents/physicians trained in medically underserved communities. Annual CHGME funding aids in the training of 56% of all general pediatrics residents and over half (54%) of all pediatric sub-specialty residents and fellows in the United States. In one academic year this program supported 5.5 million patient contact hours for children in medically underserved communities.

Conclusion: Graduate medical education programs significantly improve access to care for communities while simultaneously addressing long-term concerns regarding health workforce shortages. CHGME-funded hospitals provide training that exposes residents to various populations, including children from medically underserved and low-income families. Continued annual appropriations for the CHGME Payment Program will support clinical training to continue support in developing and maintaining a skilled pediatric workforce, addressing physician workforce shortages, and increasing health equity in underserved communities across the nation. THCGME programs re-envision graduate medical education in the United States, moving it out of hospitals and into communities and projected savings in health care costs.

At the completion of this session participants will be able to:

1. Identify the effect graduate medical education payment structures have on current primary care shortages within underserved communities
2. Describe how the Children's Hospital Graduate Medical Education Payment Program and Teaching Health Center Graduate Medical Education Program differ from Medicare funded GME.
3. List two (2) challenges of graduate medical education health workforce programs.

2025 USPHS Scientific and Training Symposium  
Agenda

Track 5: Transforming Public Health

**Building Resilient Teams**

Jun 10, 2025 17:00 *Juanika Mainor-Harper*

Jun 10, 2025 17:30

Duration: .5 hrs.

**Background:** Officers often have the difficult task of understanding the concept of “leading where you are”. CAPT Fideli and CAPT Mainor-Harper successfully led teams and developed strategies to enhance the skillset of officers training them to work with senior leaders. They also used innovative strategies to fully implement the USPHS Framework to "Transform Public Health: United in Action, Forward in Purpose".

**Methods:** The Public Health Service strives to reach its mission through Officers providing essential healthcare services to underserved and at-risk populations; applying their expertise to lead critical public health programs and develop policies; advancing innovation and science; and deploying to respond to public health emergencies. The implementation of the USPHS Framework allows for the PHS to utilize an operational roadmap aligned with priority actions of the USPHS Commissioned Corps and the departments and agencies in which it serves. The implementation team, led by CAPT Ülgen Fideli, Ph.D., MSPH, MHS, PA-C and CAPT Juanika Mainor-Harper, DHSc, MPH, FAC-COR III, successfully built a collaborative team for the USPHS Framework initiative. The team is comprised of officers and civilians with representation from all ranks and agencies up to the executive-level. The mission of the framework is to transform public health: “United in Action, Forward in Purpose”.

**Results:** Lessons learned included: how to implement innovative strategies, how to work with executive leaders and how to work across teams and groups of people to implement department initiative.

**Conclusion:** Developing skillsets to work with senior leaders, bringing large groups to a consensus, and implementing innovative strategies can aid officers in their careers.

At the completion of this session participants will be able to:

1. Define the concept of “leading where you are”
2. Describe what it means to build resilient teams.
3. Describe how to take their ideas and fully implement new concepts and ideas for the success of their programs or agencies.

## **Wednesday, June 11, 2025**

### **Category Day Morning Sessions**

Jun 11, 2025 8:00

Jun 11, 2025 11:00

See Individual Category Day Agendas

### **Break in Exhibit Hall**

Jun 11, 2025 11:00

Jun 11, 2025 13:00

All rooms must be cleared in order to be set for lunch. Please visit our sponsors and exhibitors in the Exhibit Hall.

### **Category Day Afternoon Sessions**

Jun 11, 2025 13:00

Jun 11, 2025 17:30

See Individual Category Day Agendas

## Thursday, June 12, 2025

### JOAG General Meeting

Jun 12, 2025 7:30

Jun 12, 2025 9:00

Track 1: Clinical Care Career Pathway

### **Advancing Gestational Diabetes Management Through Continuous Glucose Monitoring**

Jun 12, 2025 09:15 *Christopher Chong*

Jun 12, 2025 09:45

Duration: .5 hrs.

**Background:** A Plan-Do-Study-Act (PDSA) was conducted to implement a continuous glucose monitor (CGM) system, for pregnant people diagnosed with gestational diabetes (GDM) from November 2021 to December 2022 at SCF OBGYN Clinic and at Benteh Nuutah Valley Native Primary Care Center. Traditional GDM management involves self-monitoring fingerstick blood glucose (BG) checks. Fingerstick BG checks can be painful and inconvenient, likely leading to low adherence. The CGM system provides more glucose data points and trends throughout the day, potentially improving glycemic control and dietary habits.

**Methods:** The PDSA included pregnant people with GDM, initially limited to those on glucose lowering medication or with those with little fingerstick BG data but was later expanded to anyone with GDM. Outcome measures included infant outcomes (e.g., birth weight, NICU admissions, hyperbilirubinemia, hypoglycemia, and shoulder dystocia) and balancing measures (average target glucose and number of scans/fingerstick checks per day). For the baseline comparator group, manual chart reviews were conducted on 70 pregnant people who were diagnosed with GDM prior to 2021. This abstract was previously accepted by the 18th International Congress on Circumpolar Health (ICCH18). This presentation will further expand on the ICCH18 presentation with reviewing GDM management guidelines and utilizing CGMs for diabetes care.

**Results:** Thirty-five pregnant people participated in the PDSA. The CGM group had a higher average glucose within the target range (91% vs. 81.5% in the baseline group) and a higher average number of scans/checks per day (5.2 scans vs. 2.3 fingerstick checks). For the baseline comparator group, 40% had little or no BG data. Although the CGM group had a higher incidence of infants weighing over 4,000 grams at birth, NICU admissions, hypoglycemia, and hyperbilirubinemia, these differences were not statistically significant.

**Conclusion:** The PDSA concluded that implementing the CGM system for pregnant people with GDM was successful, with an increase in overall scans and data compared to usual

2025 USPHS Scientific and Training Symposium  
Agenda

care with BG fingersticks. The PDSA was not intended to be a research study with the power to show statistical significance but aimed to assess the feasibility in implementing CGMs in GDM management. The potential benefits of CGM in reducing the burden on the healthcare system and improving pregnancy outcomes were highlighted and shared with Pharmacy leadership. Ultimately, the CGM system was approved on formulary for use in pregnant people with GDM.

At the completion of this session participants will be able to:

1. Identify the pathophysiology, screening guidelines, and treatment goals with gestational diabetes
2. Recognize the benefits associated with using continuous glucose monitors (CGM) for GDM management
3. Examine a Plan-Do-Study-Act (PDSA) that integrated CGMs for GDM care in a multidisciplinary team

Track 2: Applied Public Health Career Pathway

**Updating CDC's HIV Screening Guidelines**

Jun 12, 2025 09:15 *Sean Griffing*

Jun 12, 2025 09:45

Duration: .5 hrs.

Background: CDC public health guidelines are important tools for health care providers, health departments, and community-based organizations for guiding patient care. CDC's HIV screening recommendations for the general public were last updated in 2006. They stated screening should occur between 13-64 years of age, later clarified to occur "at least once in a lifetime." Screening is the first step in a process that leads to better patient care and reduced HIV incidence, which is why it is important to keep recommendations up-to-date with evidence. The purpose of this presentation is to describe the process used to update CDC HIV screening guideline.

Methods: CDC utilized standardized guideline development steps and the latest evidence to update its guidance for HIV screening the general population in clinical settings and related topics. At the outset, public comment and feedback from subject-matter experts were sought. The CDC review team conducted systematic reviews of randomized controlled trials (RCTs), non-RCTs, and mathematical modeling studies and assessed the quality of evidence using Grading of Recommendations Assessment, Development and Evaluation (GRADE). While GRADE traditionally relies on gold-standard evidence such as RCTs or observational studies, its developers have recently acknowledged that mathematical models can be included as evidence. In response, the CDC review team modified GRADE for assessing evidence from mathematical modeling studies.

Additionally, non-traditional forms of evidence were incorporated into the review process, including national surveillance data and estimated false positive rates based on different

2025 USPHS Scientific and Training Symposium  
Agenda

data sources, and HIV test technologies. CDC subject-matter experts thoroughly reviewed the evidence during multiple meetings, considering various GRADE criteria such as weighing benefits, harms, and certainty of evidence. Prior to publishing a draft guideline for public comment, feedback was obtained from a panel of external experts. To facilitate effective implementation of these guidelines by healthcare providers and organizations, an implementation guide was developed.

**Results:** The review team conducted a comprehensive analysis, screening over 20,000 titles and abstracts, as well as assessing more than 500 full reports. Through the systematic review process, the team identified 2 RCTs, 6 non-RCTs, and 19 mathematical modeling studies that provided relevant data to evaluate the benefits of HIV screening. These benefits included the number of HIV tests conducted, the number of HIV diagnoses made, and the number of individuals connected to appropriate care. Additionally, the team found 23 studies that focused on potential harms associated with HIV screening. The primary harm identified was false positives. An innovative secondary analysis was conducted to estimate the size of this harm in the U.S. Census population using surveillance and laboratory data. A CDC expert-workgroup weighed this evidence to reevaluate HIV screening recommendations, including the age range and frequency of HIV screening in the general population, as well as the consideration of new recommendations related to computerized decision support systems (CDSS) and interventions based on local HIV prevalence rates.

**Conclusion:** This work will lead to updated HIV screening recommendations for the United States population and may influence international guidelines and guideline development. The specific recommendations will be shared at the presentation, as the guideline has not yet been published for public comment. The implementation of updated U.S. HIV screening guidelines will improve the identification of new HIV infections and individuals out of care, ultimately leading to better linkage to care. The recommendations will complement Ending the HIV Epidemic in the United States (EHE) efforts.

At the completion of this session participants will be able to:

1. Describe CDC guideline development process at the Division of HIV prevention
2. Describe evidence that shaped the updated HIV screening recommendations for the general public in clinical settings
3. Define innovative methodologies

Track 6: Public Health in Action

**Innovation in Inspections and Compliance**

Jun 12, 2025 09:15 *Dipti Kalra*

Jun 12, 2025 09:45

Duration: .5 hrs.

2025 USPHS Scientific and Training Symposium  
Agenda

**Background:** In response to COVID-19 pandemic, the FDA adjusted its inspectional operations to ensure continued oversight of regulated industries while also minimizing spread of the virus. One set of tools used during the pandemic was remote regulatory assessments (RRAs). An RRA is an examination of FDA-regulated establishment and/or records, conducted entirely remotely, to evaluate the compliance with applicable FDA requirements. I will also discuss the Risk Evaluation and Mitigation Strategy (REMS), a program required by FDA for certain medications with serious safety concerns to ensure that the benefits of a drug outweigh its risks.

**Methods:** RRAs are a tool FDA may use to support regulatory decisions and oversight activities. Based on the FDA Bioresearch Monitoring Program's recent experience in using RRAs, I plan to discuss the evolution of RRAs, how the FDA and sites coordinate (before, during and after) the conduct of an RRA, the FY23 BIMO metrics, including those RRAs that have been conducted for the BIMO programs and the outcomes of those RRAs, the future utility of RRAs as an alternate tool in surveillance (IRBs/PADE/REMS) and review-based assignments (CI/Sponsors), and the available FDA resources on RRAs (i.e., FDA guidance for industry) for participants to review and use. Presenter will also discuss how FDA utilizes a risk-based approach for selecting REMS programs for inspections and provide examples of pragmatic approaches that can help prepare stakeholders for REMS inspections. The purpose of the REMS Compliance Program is to assess compliance with the requirements of section 505-1 of the Food, Drug and Cosmetic Act. We do that by assessing REMS requirements, documenting implementation, and verifying the accuracy of submitted REMS assessment information.

**Results:** The presentation will discuss FDA's approach to oversight of additional risk minimization measures via inspections. FDA, industry, and the public can all benefit from RRAs as RRAs help the Agency to meet critical public health needs. RRAs assist in protecting human and animal health, informing regulatory decisions, and verifying certain information submitted to the Agency. RRAs complement FDA's authority to conduct inspections under section 704(a)(1) of the FD&C Act and other applicable FDA authorities.

A REMS is necessary when a drug has a known or potential serious risk associated with it, and additional measures are needed to manage those risks beyond standard labeling. Before a REMS inspection there are some best practices that can be implemented by the firm to ensure that the inspection runs smoothly. Ensure that documents related to REMS activities, organization charts, job, and role descriptions as it relates to the REMS, training protocols and procedures are accessible to investigators. It is important that these documents are concise and clear. If any issues are discovered since the firm's last REMS inspections, make sure that they are well documented and addressed and if there are any corrective actions that they are also well documented.

**Conclusion:** RRA offer several benefits to both regulatory agencies and the organizations they oversee such as cost efficiency, time efficiency, enhanced collaboration, and

2025 USPHS Scientific and Training Symposium  
Agenda

minimized disruption. Although not a replacement for inspections, we will still be able to use Remote Regulatory Assessments to assess REMS compliance during the pandemic.

At the completion of this session participants will be able to:

1. Describe what a remote regulatory assessment is and the FDA's authority to conduct a remote regulatory assessment
2. Describe the steps taken by the agency and site before, during, and after a remote regulatory assessment is conducted
3. Identify best practices for REMS inspections

Track 1: Clinical Care Career Pathway

**The IHSC Medical Asset Support Team Program**

Jun 12, 2025 09:45 *Damon Smith*

Jun 12, 2025 10:15

Duration: .5 hrs.

Background: The Department of Homeland Security, Immigration & Customs Enforcement (ICE) Health Service Corps (IHSC) is responsible for delivering direct care to noncitizen patients in ICE custody. IHSC requires available personnel to support health operations when there are critical staffing shortages, or when there are changes in operational requirements, in accordance with National detention standards. In 2019, the MAST was established in response to an increased operational requirement for personnel to support health operations due to critical staffing shortages at IHSC-staffed detention facilities.

Methods: When critical staffing shortages, public health and medical emergencies, or changes in operational requirements arise, the MAST program ensures medical personnel augment and respond to the needs of IHSC-staffed facilities. MAST program personnel fill critical staffing shortages, support public health and medical emergencies, provide special mission support or changes in agency operational requirements within IHSC facilities. IHSC MAST providers deploy at least 50% (fifty) of duty time for mission-based assignments.

The MAST program leverages collaborative partner engagement, education, and technology for innovative solutions in detention and correctional health. The MAST program provides multidisciplinary personnel for direct patient care, programmatic and administrative support for IHSC.

Results: What once was a handful of MAST personnel assigned at IHSC-staffed detention facilities and aligned to their respective clinical, discipline-specific supervisor for administrative control is now a stand-alone program with dedicated program leadership and staff. Initiatives under the MAST program include:

2025 USPHS Scientific and Training Symposium  
Agenda

1. Clinical Support Services. The MAST program is the primary mechanism for IHSC to assign and deploy clinical staffing support to address critical staffing shortages at IHSC-staffed detention facilities. Clinical support services may be provided on-site or virtually.
2. Public Health & Medical Emergency Response. The MAST program plays an integral role during emergency response operations. MAST providers augment clinical personnel within IHSC-staffed detention facilities, as needed, in response to man-made or natural disasters and emerging health threats.
3. Program and Administrative Support. The MAST program provides administrative support to IHSC units and programs, upon request or at the direction of the Deputy Assistant Director of Clinical Services (DAD CS).

Conclusion: The MAST program helps to ensure IHSC delivers health care to noncitizens in ICE custody and meets national standards during times of staffing shortages or operational need. The MAST program ensures medical personnel augment and respond to the needs of IHSC-staffed facilities and provide support for special missions. The MAST program will continue to grow to meet IHSC operational requirements.

At the completion of this session participants will be able to:

1. Describe the operational requirements that predicated the creation of MAST program.
2. Describe career opportunities with the MAST program.
3. Describe the program and professional development efforts within the MAST program.

Track 2: Applied Public Health Career Pathway

**Keeping Water Clean: Source Water Protection as a Public Health Imperative**

Jun 12, 2025 09:45 *Andrew Colvin*

Jun 12, 2025 10:15

Duration: .5 hrs.

Background: Safe drinking water is essential for health. Safe water begins at the source, such as groundwater, lakes, and rivers. Protecting source water is therefore a public health imperative. Nevertheless, source water protection is a difficult task. Enacting the national, state, and local laws designed to help protect source water requires coordination between many stakeholders. Like many public health initiatives, partnerships are key to improving and maintaining the quality of water that is delivered to people to drink.

Methods: This presentation will introduce a source water protection program, then examine three case studies to provide lessons learned and best practices for public health practitioners.

First, the success of New York City's protection of its source waters to provide drinking water to the most populous city in the United States will be considered in detail. New York

2025 USPHS Scientific and Training Symposium  
Agenda

City's program has been so successful that the City is exempt from certain water treatment requirements, providing both high quality water for human consumption and significant cost savings.

Next, the use of forest conservation to protect drinking water quality in West Virginia will be examined. Partnerships between state and federal agencies, private landowners, and non-profit organizations are a key element of this case study. The challenges of implementing a source water protection program in a rural region with fragmented land ownership will also be explored. In addition, the use of nature-based solutions – projects intended to maximize environmental, social, and economic benefits – will be considered in the context of source water protection.

Finally, existing source water protection programs affecting American Indian tribal nations in the eastern United States will be assessed. Past successes and opportunities to improve these programs will be presented.

**Results:** The successful implementation of a source water protection program can provide significant benefits to public health. These benefits include ensuring that water is available for human consumption in adequate quantity and quality. In addition, protecting source waters can yield significant cost savings to municipalities and taxpayers. Large cities, rural states, and American Indian tribes share the same need for safe drinking water and stand to benefit from source water protection.

Partnerships are critical to safeguarding public health through source water protection. A clear risk assessment, effective stakeholder and public engagement, clear delineation of roles, and integration of innovative solutions and funding streams are all important components of developing and maintaining a source water protection program.

**Conclusion:** Source water protection is not only an environmental quality concern, it is a public health imperative. The elements of a successful source water protection program are similar to those of many successful public health initiatives, such as assessment of risks and root causes, communication, partnership development, law and policy development, and monitoring and evaluation. Public health practitioners of all disciplines can benefit from an awareness of how the protection of drinking water supplies contributes to the health of the communities they serve.

At the completion of this session participants will be able to:

1. Describe the public health significance of source water protection programs
2. Examine the opportunities and challenges of protecting source waters for large cities, rural states, and American Indian tribal nations.
3. Identify two important partners in the development and implementation of source water protection public health programs crossing local, state, and federal jurisdictions

Track 3: National Security Career Pathway

**Enhancing Local and State Public Health Response and Readiness through CDC's This is a TEST POD edition – A Training and Exercise Game for Points of Dispensing**

Jun 12, 2025 09:45 *Christine Lloyd*

Jun 12, 2025 10:15

Duration: .5 hrs.

**Background:** The U.S. Centers for Disease Control and Prevention (CDC) has developed interactive and innovative training tools to improve local, state, and federal agencies and community organizations preparedness for public health emergencies. This is a Test: Point of Dispensing (POD) is a training and exercise simulation tool in the form of a cooperative board game to simulate the process of dispensing and administering medications during a public health emergency.

**Methods:** Objective: This session will provide an overview of POD functions, roles and responsibilities at the POD, and the importance of preparedness and adequate resourcing on emergency response during a disaster. Participants will gain a better understanding of mass dispensing operations during public health emergencies. In addition, common public health and community scenario injects will also be discussed.

**Project Description:** CDC developed This is a Test: POD bridges the gap between discussion and operational exercises using narrative real-world scenarios to foster teamwork, discuss resource management, and aid in understanding specific POD roles and responsibilities during an emergency, based on the Homeland Security Exercise and Evaluation Program (HSEEP).

**Results:** This is a TEST:POD fosters collaboration and communication among players while providing a highly engaging experience. Feedback from pilot training participants across the county indicated enhanced knowledge of POD operations and increased confidence in their roles during a public health emergency after completing the game.

**Conclusion:** This is a Test: POD effectively enhances knowledge and preparedness among public health personnel and community members for emergency medication dispensing. Feedback highlighted from participants show the engaging nature of the game and its potential for practical application in real-life scenarios. This innovative training tool represents a valuable resource for strengthening public health readiness and can be further refined for broader application in diverse communities.

At the completion of this session participants will be able to:

1. Identify two areas for improvement for public health services, during emergency management response
2. Describe the importance of inter-professional collaboration in public health, healthcare and emergency management during disasters.
3. List three (3) examples public health scenario injects used in TEST POD

Track 4: Health Strategy and Innovation Career Pathway

### **Developing CA-19-9 as an Imaging Biomarker for Pancreatic Cancer**

Jun 12, 2025 09:45 *Abbas Bandukwala*

Jun 12, 2025 10:15

Duration: .5 hours

**Background:** Pancreatic cancer, more specifically pancreatic ductal adenocarcinoma (PDAC), is one of the deadliest cancers. It has a 5-year survival rate of only 10% and is the fourth most common cause of cancer deaths. More than 48,000 people died from PDAC in the U.S. in 2021, largely due to detection at later stages as well as high tumor chemoresistance. Biomarkers could play a large role in diagnosing and developing treatments for PDAC, but current biomarkers have limitations.

**Methods:** Develop nanoprobes decorated with imaging agents that will attach to CA-19-9  
Study targeted binding of nanoprobes to pancreatic tumor cells  
Assess that nanoprobes can be imaged by MRI in mouse model  
Assess that nanoprobes can differentiate between PDAC and other conditions  
Assess that nanoprobes help locate the cancer tumor in mouse model  
Publish information about CA-19-9 as imaging biomarker for use in pancreatic cancer.

**Results:** This proposal seeks to develop CA-19-9 as an imaging biomarker. That is, it seeks to develop nanoprobes that can home in and bind to tissues with enhanced expression of CA-19-9. The nanoprobes will further be decorated with contrast agents for imaging, thereby allowing PDAC to be detected by imaging techniques such as MRI. The proposed work will address some of the current limitations of CA-19-9. As stated above, pancreatic cancer is typically found at later stages, i.e., after metastasis. By combining early blood tests for CA-19-9 with imaging studies that pinpoint causes of elevated CA-19-9, PDAC could be diagnosed sooner, and the tumor in the pancreas could be located more precisely. Early diagnosis of this cancer would help identify patients at a stage where drugs are more likely to treat and suppress the tumor, thereby improving patient outcomes. The proposed work could also be used to assess if there is a pharmacodynamic effect from a given drug treatment. As noted above, it can be difficult to assess if a drug is having an effect on the tumor because of the stroma. This initiative would develop CA-19-9-targeting nanoprobes and study their behavior in mice.

**Conclusion:** This research will be published in peer reviewed journals and presented at conferences to help further the development of biomarkers in PDAC. For the last two decades, the medical community has stated the need to develop biomarkers for this cancer and the role biomarkers could play in developing drugs or provide precision medicine therapies to patients.

At the completion of this session participants will be able to:

1. Describe the importance of biomarkers
2. Define Organoids

3. Describe 2 different imaging methods

Track 5: Transforming Public Health

**Transforming Public Health through Home Based Medical Care with a Field Nurse Practitioner**

Jun 12, 2025 09:45 *CDR Flitton*

Jun 12, 2025 10:15

Duration: .5 hrs.

**Background:** Lack of transportation and resources to make clinic appointments is a long term reality in rural America, especially for the vulnerable, elderly and immobile. Establishing a home based medical care program that is attending to the public health needs in the community at a grassroots level has been an unmet need for many years.

**Methods:** Development of a position for home based medical care with a field nurse practitioner to help with medical access as well as urgent visits for following up on clinical issues has been done in rural Utah to improve the access and care for the patients at this local duty station. This program has been in place for the past two years and is possibly the only Federal IHS home based medical care program that is currently being staffed with a highly competent nurse practitioner. The nurse practitioner also has access to the medical director/clinical director to consult on complicated cases.

**Results:** The position of a field nurse practitioner in IHS has created opportunities for the frail and vulnerable to receive medical care and a continuity visit that may not be feasible otherwise with limited community resources. This has been addressed with the addition of this position on the organizational chart of the facility and hiring a medical provider to that position. This position, for the current population size, does not need to be full time 40/hours a week. This position also has been shown to decrease the number of patient visits compared to a full time clinic position. Hence, causing a decreased revenue for the clinic. Therefore, the nurse practitioner in this position works in a clinic about 20 hours a week and is in the field about 20 hours a week. This helps with revenue and maintains a feel for the needs of the clinic. This program has been a powerful resource for the clinic to reach out to the homes of the vulnerable and the elderly. In these visits, a complete medical exam with documentation is performed as well as wound care and lab draws.

**Conclusion:** This home-based medical care in the federal system has been a profound success in caring for the frail and vulnerable, improving community relationships, staffing community mass vaccination clinics, making visits to dialysis and nursing homes and caring for those that may not have these services otherwise. This clinic recommends that this model of care be shared with other duty stations across the nation and Indian Country. At the completion of this session participants will be able to:

1. List three (3) categories of high risk individuals that will benefit from home based medical care

2025 USPHS Scientific and Training Symposium  
Agenda

2. Describe interventions to keep the Field Nurse Practitioner engaged with the medical staff and up to speed with clinical skills
3. List five (5) Services that a field nurse practitioner can provide

Track 6: Public Health in Action

**Enhancing Respiratory Protection: Assessment of Reusable Elastomeric Half Mask Respirators (EHMRs) in Healthcare Settings**

Jun 12, 2025 09:45 *Hom Sharma*

Jun 12, 2025 10:15

Duration: .5 hrs.

**Background:** During significant respiratory disease outbreaks, such as public health emergencies and past influenza pandemics, healthcare personnel face a tremendous demand for respirators, with an estimated requirement of 7.41 billion respirators. This surge in respirator demand was evident during the COVID-19 pandemic and the 2009 H1N1 influenza pandemic. In 2012, U.S. acute care hospitals had only 60 million N95® filtering facepiece respirators in stock, which was inadequate for a pandemic demand. In response to critical shortages of respirators during these pandemics and outbreaks, NIOSH initiated projects to assess the feasibility of using reusable elastomeric half mask respirators (EHMRs) in healthcare settings.

**Methods:** Three groups of hospital-based demonstration projects were launched between 2018 and 2023 to evaluate the practicality of training HCP on the use of NIOSH Approved® reusable respirators and then maintaining and implementing these in a hospital setting. The Honeywell RU8500 respirator was selected for this group of studies to provide an understanding of HCP's experience in using these devices during routine healthcare delivery and to identify disinfection best practices. The studies involved contract partnerships with universities and their associated hospitals new to using EHMRs, namely Emory University (EU), the University of Texas (UoT), and Wayne State University (WSU). The studies were expanded in 2020 to include two hospital systems experienced in the use of EHMRs to develop implementation guides and investigate their HCP's perceptions of using EHMRs. The contracted studies were with the University of Maryland School of Medicine (UoM), which was using 3M 7500 model respirators, and the Allegheny Health Network Singer Research Institute (AHN), which was using MSA 200LS model respirators.

**Results:** The hospital demonstration projects that started in 2018 focused on feasibility studies. "JETFIT" studies involved rapid fit testing and training of HCP and demonstrated a successful implementation of EHMRs during simulated public health emergencies. "REUSE" studies provided insights into the routine integration of EHMRs in patient care, while "RESPONSE" studies assessed disinfection protocols. Subsequent projects in 2020 at UoM and AHN further investigated HCP perspectives and culminated in the development of implementation guides, contributing to a comprehensive understanding of EHMR deployment. Peer-reviewed manuscripts, webinars, and reports documented the

2025 USPHS Scientific and Training Symposium  
Agenda

positive outcomes of these initiatives, including healthcare systems' perspectives on EHR strategies.

Conclusion: The adoption of EHRs in healthcare settings is feasible and offers a cost-effective, sustainable alternative to disposable N95® filtering facepiece respirators. Best practice guidelines and positive HCP experiences support broader implementation, with the potential to transform respiratory protection strategies in healthcare. Dissemination of findings through webinars, publications, and conferences continues to inform the scientific community and stakeholders, advocating for a paradigm shift in respiratory protection.

At the completion of this session participants will be able to:

1. Examine the process and outcomes of implementing elastomeric half mask respirators in healthcare settings.
2. Identify best practices for the disinfection and maintenance of reusable respiratory protective devices.
3. Recall healthcare personnel's acceptance of and adaptability to using elastomeric respirators.

Track 1: Clinical Care Career Pathway

**Expanding Access to Pelvic Health Rehabilitation Therapy in Hardship Areas**

Jun 12, 2025 10:15 *Ebony Jackson Clark*

Jun 12, 2025 10:45

Duration: .5 hrs.

Background: Pelvic health disorders affect a significant portion of the population, yet access to specialized care is often limited. This is particularly problematic in underserved areas where individuals may face barriers to accessing specialized pelvic health services. This is due in part to the difficulty in recruiting and retaining pelvic health specialists in rural areas, where factors such as lower compensation and fewer professional opportunities can deter healthcare providers.

Methods: This presentation will provide non-specialist therapists with the knowledge and skills necessary to offer basic pelvic health services. The session will cover a range of topics, including patient education, behavioral modifications, and appropriate referrals to specialists. Practical guidance and resources will be provided to support implementation.

Results: By attending this session, providers will understand how to leverage their existing skills and gain confidence in their ability to address common pelvic health issues. They will also learn how to develop effective treatment plans, identify red flags, and collaborate with other healthcare providers to ensure optimal patient care.

Conclusion: Empowering non-specialist therapists to provide basic pelvic health services can significantly improve access to care, especially in underserved areas. By investing in the training and support of these providers, we can address the growing need for pelvic health care and improve the overall health and well-being of our communities. Future

2025 USPHS Scientific and Training Symposium  
Agenda

research should explore the long-term impact of this approach and identify additional strategies to optimize the delivery of pelvic health care.

At the completion of this session participants will be able to:

1. Recognize the need for non-specialists to begin provide basic pelvic health programs
2. Identify pelvic health therapy evaluation techniques
3. Reproduce pelvic health therapy treatment techniques

Track 2: Applied Public Health Career Pathway

**Protecting American Indians from Unethical Research Practices- Unique Perspectives from an IHS Area Institutional Review Board**

Jun 12, 2025 10:15 *Brett Whitehead*

Jun 12, 2025 10:45

Duration: .5 hrs.

**Background:** Historical instances of unethical research have generated mistrust in American Indian and Alaskan Native (AI/AN) communities and facilitated the need for proper oversight to protect this population. Unfortunately, there are numerous cases historically where the harm outweighed benefit, producing great damage to AI/AN participants, their families, and community/tribes. These cases led to multiple research abuses; violations of basic human rights; and, in some cases, genocidal tactics against AI/AN. Given the lengthy history of these unethical abuses, it is not surprising that distrust of research and reluctance to participate in research studies have evolved over the years among indigenous groups.

**Methods:** Tribes have taken advantage of legislation and other tools to advance control over research, thereby protecting their tribal members and community from the potential research abuses. The formation of Tribal Institutional Review Boards (IRB) has occurred to give AI/AN the ethical oversight and protection they have always deserved. An important distinction of Tribal IRBs is the attention and inclusion afforded to tribes as a collective society. Where university or governmental IRBs focus on the individual with steps designed to protect the individual study subject, Tribal IRBs extend this protection to groups, such as tribes, clans, urban Indian cohorts, and special groups, such as healers, elders, and children. Implementing tribally controlled IRBs and AI/AN research committees are examples of resiliency, self-determination, and forward thinking that can be viewed as positive steps by tribes to control of their future, by controlling research. Due to their sovereignty, Tribal IRBs have many differences when compared to traditional IRBs. Examples include: exemption from the NIH single IRB policy, ownership of data and biospecimens, and publication review prior to submission.

**Results:** For over 20 years, the IHS OCA IRB has reviewed all human participant research conducted in IHS facilities or with IHS staff or resources. The committee takes into consideration the cultural background of Native Americans and assure that sensitivity to

2025 USPHS Scientific and Training Symposium  
Agenda

cultural issues is maintained. The committee is composed of members who have varied backgrounds to ensure diversity of perspective. Members are also part of the Research and Publications Committee, which have the specific task of reviewing all submitted publications for approved studies under the IRB's oversight. The review of these publications is extensive, ensuring the content does not reflect poorly on our patients or agency. Also, they collaborated with multiple other Tribal IRBs and the IHS National IRB.

These connections strengthen and renew our partnership with our tribes, furthering the IHS vision of healthy communities and quality health care systems through strong partnerships and culturally responsive practices. The IHS OCA IRBs work ensures all research across the area is performed in an appropriate and ethical manner, keeping the safety of our patients at the forefront. This serves the IHS mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Conclusion: Following a long history of governmental unethical behaviors, AI/AN have become distrustful of government-sponsored research and of researchers, fueling their reluctance to participate in research studies. Tribal and urban Indian groups have taken control of research by establishing IRBs under the supervision of tribes or tribal organizations. The IHS OCA IRB is one example of that control, ensuring research within the Oklahoma City Area is done ethically and appropriately is more important than ever. The IHS OCA IRB does its job with excellence, as shown by their quality work and accomplishments, protecting our AI/AN population.

At the completion of this session participants will be able to:

1. Describe historical instances of unethical research in American Indian and Alaskan Natives
2. List the functions of Tribal IRBs and how they differ from other IRBs
3. Summarize the activities of the Indian Health Service Oklahoma City Area Institutional Review Board

Track 3: National Security Career Pathway

**The Impact of United States Joint External Evaluation on National and Global Health Security Priorities**

Jun 12, 2025 10:15 *Ijeoma Perry*

Jun 12, 2025 10:45

Duration: .5 hrs.

Background: In 2022, the Biden-Harris Administration committed the U.S. to a renewed voluntary external evaluation of U.S. health security and pandemic preparedness capacity by 2024 as a public demonstration of U.S. commitment and progress achieving legally binding International Health Regulations (IHR). The JEE is one of three voluntary components of the World Health Organization's IHR Monitoring and Evaluation framework, recommended every 4 years to advance countries' IHR progress. Shared here, is the U.S.

2025 USPHS Scientific and Training Symposium  
Agenda

experience implementing its second JEE since 2016 as one of few western, federalized, American countries to do so and incorporates global lessons from COVID-19 and other emergencies.

**Methods:** The JEE process consisted of two parts: self-assessment and external evaluation, both under direction of the U.S. JEE Team Lead (CDR Ijeoma Perry), representing the HHS Assistant Secretary for Preparedness and Response which has statutory responsibility to lead US public health and medical emergency preparedness and response efforts domestically and globally. The Self-Assessment was developed through a uniquely multisectoral, collaborative, interagency process involving more than ~300 federal interagency experts from 27 departments and agencies under leadership by an ASPR Project Management Team (PMT). The JEE PMT worked across the interagency with a JEE Working Group (JEE WG) composed of interagency technical leads and subject matter experts nominated by their agencies to collect, draft and validate content and evidence for all 56 JEE indicators and plan and coordinate the external evaluation team site visit. A comprehensive 230-page self-assessment of U.S. IHR capacities was developed according to guidance from the JEE Tool 3.0. The external evaluation site visit took place Sept. 17-25, 2024, and consisted of a visiting WHO team of 25 experts from a diversity of 17 countries who received U.S. demonstrations of IHR capacity while being hosted in District of Columbia and Atlanta, GA.

**Results:** A total of 300 experts from 27 U.S. federal Departments and agencies, were engaged to develop a 230-page self-assessment of the country's capacity to prevent, detect and respond to emergencies, which was validated by a WHO team of 25 experts from 17 countries during an 8-day visit to the U.S. The U.S. rapidly organized and conducted the overall process in 7 months compared to ~18 months typical of other countries, and achieved near 100% consensus with WHO on JEE scores. Lessons learned included: Despite availability of guidelines, the JEE process required contextualization to apply to the federated U.S. government and highly complex and decentralized U.S. health care and public health systems, and to avoid jeopardizing the quality and integrity of the findings; Critical inputs from interagency and subnational partners required clear identification of U.S. Department and agencies' (D/a) equities and lead roles in relation to the IHR capacities, ownership and commitment from key D/a from the highest levels of government and identification and involvement of key subnational partners to represent important and decentralized aspects of U.S. IHR capacity nationwide; Earlier, broader engagement of subnational partners and additional time is needed to sufficiently describe the complex subnational components of U.S. capacity.

**Conclusion:** Aside from fulfilling the core purpose, the JEE enabled WHO, PAHO, and invited experts to better understand ASPR's role and capabilities. Also, connections were established for future exchange of technical assistance with key counterparts domestically and globally, reinforcing ASPR's role as lead for all U.S. emergency preparedness and response efforts. Further, relationships were strengthened across 27 U.S. agencies and with critical non-federal partners, and the capabilities of ASPR's newly

2025 USPHS Scientific and Training Symposium  
Agenda

established Global Coordination Hub was exercised. The WHO Report on the 2024 U.S. JEE will inform development of the National Action Plan for Health Security, the U.S. response to JEE findings.

At the completion of this session participants will be able to:

1. Describe the international Health Regulations and the World Health Organization (WHO) Monitoring and Evaluation framework
2. Describe the Joint External Evaluation process and the U.S. history using this tool.
3. Describe two (2) examples of how the IHR and JEE impact U.S. planning and capacity for prevention, detection, and response to health threats that can cross international borders.

Track 4: Health Strategy and Innovation Career Pathway

**Disaster Telemedicine: A modality for remotely deploying USPHS Behavioral Health specialists**

Jun 12, 2025 10:15 *Lisa Tung*

Jun 12, 2025 10:45

Duration: .5 hrs.

Background: The United States Public Health Service (USPHS) Commissioned Corps (CC) has long deployed its officers to the field in response to disasters. These “boots on the ground” (BOG) deployments require a readily available cadre of appropriately skilled officers in addition to significant administrative and logistical support. With digital healthcare technologies, USPHS officers could deploy from any location, avoiding some of the obstacles that occur with BOG deployments. By combining USPHS officers specializing in behavioral health and a cloud-based telemedicine platform, virtual deployments may help supplement the traditional deployment.

Methods: The Administration for Strategic Preparedness and Response (ASPR) has developed a disaster telemedicine platform to virtually deliver specialty clinical consultations (“reach back”) to providers treating patients affected by natural disasters. Once activated for a mission in-field clinicians can request consultations either synchronously through video or phone and asynchronously through messaging to receive expertise and guidance in critical areas that can improve that quality of care in their triage and treatment of patients. For example, a field provider unfamiliar with pediatric psychology can call upon virtual specialists to guide their treatment of these young patients.

The Disaster Telemedicine platform is scheduled to have initial operating capability in fall of 2024 that will offer specialty provider to provider services. The platform will undergo extensive user acceptance testing beforehand to ensure the system and application are set to be used in any type of mission requiring healthcare support. The platform is intended to be deployed alongside with the National Disaster Medical System Disaster Medical

2025 USPHS Scientific and Training Symposium  
Agenda

Assistance Teams. Since the need for Behavioral Health services has skyrocketed in recent years, USPHS officers specializing in Behavioral Health are a target provider and user for the platform.

Results: During the 2023 Maui Wildfires, disaster behavioral health assets deployed to aid the impacted populations. This behavioral health support continued for months, requiring the ongoing deployment of behavioral health providers to this relatively remote location. In future responses, ASPR's disaster telemedicine platform can provide some administrative, logistical, and cost savings by virtually deploying USPHS officers to deliver telemedicine and extend services once in-field personnel have demobilized.

Experience has taught us that training is central to the successful launch of any new process or tool. As a result, ASPR will offer training to any officer that is deployable as a behavioral health provider. USPHS and ASPR could also support officers prior to deployment by creating a sub-roster of USPHS officers who would be virtual deployment-ready.

While web-based services can be desirable in some cases, they may not be the right fit for every disaster for cultural and/or tactical reasons. Moreover, state or local authority may express a strong preference for in person providers who can provide face-to-face care. The disaster telemedicine capability is a tool or resource that will not replace in person deployments, but rather augment and supplement the in-field staff by leveraging expertise from a virtual platform.

Conclusion: Populations impacted by disasters increasingly need behavioral help services in the wake of hurricanes, flooding, landslides, and more. During response, however, USPHS behavioral health teams may not possess all of the specialized knowledge that they need on the ground. ASPR has addressed this gap with the development of its disaster telemedicine platform. Soon, ASPR will offer USPHS the opportunity to provide virtual behavioral health consultations to field-level providers when and where they need it so that field-level providers have the support necessary to provide high quality care.

At the completion of this session participants will be able to:

1. Identify three (3) key factors that are required for in field deployments of USPHS officers.
2. Describe what ASPR has developed to augment in field deployments.
3. Recognize two ways that field providers may receive support from virtual specialty providers during a disaster.

Track 5: Transforming Public Health

**Safeguarding Public Health Through FDA Import Security**

Jun 12, 2025 10:15 *Jessica Lee*

Jun 12, 2025 10:45

Duration: .5 hrs.

2025 USPHS Scientific and Training Symposium  
Agenda

**Background:** Illegal products, including counterfeit, unapproved, mislabeled items, are infiltrating commercial shipping channels, posing serious risks to patients and healthcare professionals. In 2023, FDA seized 10,000+ counterfeit products, a 15% increase from the previous year. The World Health Organization estimates counterfeit medicines contribute to approximately 200,000 deaths annually. For patients, unsafe products can lead to ineffective treatments, side-effects, or severe health complications, undermining trust in the healthcare system. Healthcare workers face increased patient complications, legal issues, and stress, contributing to a 30% rise in burnout rates. FDA's role addressing these issues through rigorous inspection, enforcement is crucial for protecting public health.

**Methods:** The FDA's import division is implementing a comprehensive strategy to enhance public health protection through multiple approaches. At the forefront is the enhancement of border inspection and screening, which involves deploying advanced technology and providing specialized training for inspectors. This includes state-of-the-art screening equipment, comprehensive training programs, and real-time database access for quick product verification.

To combat illegal products before they reach U.S. borders, the FDA is strengthening interagency collaboration. This involves establishing partnerships with international customs agencies and foreign regulatory bodies, enhancing information sharing with domestic law enforcement, and conducting joint operations to disrupt illegal supply chains.

A risk-based surveillance system is being implemented to optimize resource allocation. This includes developing a sophisticated risk assessment algorithm, implementing a dynamic system for adjusting inspection priorities, and conducting regular audits to ensure effectiveness in identifying high-risk shipments.

Public awareness and industry compliance initiatives are also key components. The FDA is launching public education campaigns, creating industry-specific guidance, implementing a reporting system for suspicious products, and collaborating with healthcare providers to disseminate information on counterfeit medicine risks. Through these integrated methods, the FDA aims to create a robust defense against illegal products, safeguarding public health and supporting both patients and healthcare professionals.

**Results:** The FDA's Import Security Program has yielded significant results and valuable lessons. Enhanced detection and interception led to a 40% increase in identifying counterfeit and illegal products at U.S. borders within the first year, with improved accuracy reducing false positives by 25%. Strengthened international cooperation, including information-sharing agreements with 15 additional countries, resulted in a 30% increase in pre-border interceptions and the dismantling of three major counterfeit drug networks. The risk-based approach improved efficiency, allowing a 50% increase in high-

2025 USPHS Scientific and Training Symposium  
Agenda

risk shipment inspections without additional personnel and enabling proactive measures against emerging threats.

Public education campaigns reached over 50 million people, increasing consumer reporting of suspicious products by 20%, while industry compliance rates improved by 35%. Key lessons learned include the crucial role of technology integration, the vital importance of international collaboration, the effectiveness of data-driven approaches in optimizing resources, the essential nature of public engagement, and the necessity of continuous adaptation. These insights demonstrate the program's significant impact on enhancing public health protection, improving detection and prevention of illegal imports, and fostering a more informed and vigilant healthcare ecosystem. Moving forward, these lessons will guide further refinements to ensure the program's continued effectiveness in safeguarding public health.

Conclusion: FDA has demonstrated significant success in safeguarding public health through enhanced detection, international cooperation, risk-based surveillance, and increased awareness, moving forward focusing on:

- Continuous technological upgrades to stay ahead of evolving threats.
- Expanding international partnerships to further strengthen pre-border interceptions.
- Refining the risk assessment algorithm based on emerging trends and data analysis.
- Developing targeted industry-specific compliance programs.
- Enhancing public education campaigns, leveraging social media and digital platforms.
- Implementing a feedback loop system to quickly adapt strategies based on real-time insights.

FDA can further improve its ability to protect public health and maintain the integrity of the U.S. healthcare system.

At the completion of this session participants will be able to:

1. Identify two (2) of the key strategies implemented by the FDA to enhance border inspection and screening processes for detecting illegal or counterfeit products.
2. Examine the Importance of Collaboration with international and domestic agencies in preventing the influx of unsafe products into the U.S. and how these partnerships strengthen public health protection.
3. Identify how to implement Risk-Based Surveillance Techniques that prioritize inspections based on product origin and historical compliance data, ensuring efficient resource allocation to safeguard public health effectively.

Track 6: Public Health in Action

**Qualitative Analysis of Inquiries Received by FDA Regarding Conduct of Clinical Trials during the Covid-19 Public Health Emergency**

Jun 12, 2025 10:15 *Hong Vu*

Jun 12, 2025 10:45

2025 USPHS Scientific and Training Symposium  
Agenda

Duration: .5 hrs.

**Background:** This presentation describes the U.S. Food and Drug Administration's (FDA) experience in establishing a dedicated mailbox, and in publishing related guidance, to address concerns among interested parties regarding the conduct of clinical trials during the COVID-19 public health emergency (PHE). At the start of the pandemic, numerous external inquiries were coming into different FDA offices without any coordinated FDA effort. The Office of Medical Policy set up a dedicated Clinicaltrialconduct-COVID19 mailbox for stakeholders to seek expedited help with conducting clinical trials around the world during the COVID-19 PHE.

**Methods:** 634 mailbox inquiries received by FDA from March 2020 through February 2022 were reviewed for trends and lessons learned. Qualitative methods were used to provide a structured description of, and identify common themes among, these inquiries.

**Results:** Most inquiries came from U.S.-based interested parties, including sponsors, industry trade associations, academic institutions, hospitals, clinics, research sites, trial participants, and individual persons. Approximately one-fifth of questions were related directly to COVID-19 (e.g., proposals for treatment); other inquiries were related to conduct of routine trial-related activities, and concerns were often focused on maintaining compliance with good clinical practice. In March 2020, FDA published a guidance titled, Conduct of Clinical Trials of Medical Products During the COVID-19 Public Health Emergency; the document was subsequently revised eight times based in part on issues raised in mailbox inquiries.

**Conclusion:** The dedicated mailbox enabled expedited communication among invested parties during the COVID-19 PHE; FDA also provided updates of the aforementioned guidance. These efforts supported the continuance of ongoing clinical trials and the initiation of new trials during the PHE in accordance with good clinical practice guidelines, thereby helping to ensure the safety of trial participants while maintaining the quality of trial data. By soliciting and responding to trial-related inquiries and addressing corresponding needs and concerns, FDA improved transparency and communication. In sum, the findings of the report offer a foundation for improving preparedness and coordination during future health emergencies.

At the completion of this session participants will be able to:

1. Describe the role of the U.S. FDA during a public health emergency.
2. Describe the experience of the FDA in establishing a dedicated mailbox and publishing guidance to address concerns about conducting clinical trials during the COVID-19 PHE.
3. Describe future considerations for the post-PHE period based on the insights gained from analyzing the mailbox inquiries and the FDA's experience in managing clinical trial-related communications during the PHE.

2025 USPHS Scientific and Training Symposium  
Agenda

Track 1: Clinical Care Career Pathway

**Female Genital Mutilation – Prevalence, Implications and Relevance**

Jun 12, 2025 10:45 *Elizabeth Johnson*

Jun 12, 2025 11:15

Duration: .5 hrs.

Background: - Female Genital Mutilation is prevalent in many communities of immigrants in the United States.

- The practice is conducted on minor females and perpetrated by parents and guardians and seen as a rite of passage in these communities.
- It has been described by international health agencies, including the World Health Organization and the United Nations International Children's Fund, as many things, including a human rights violation, torture, acts of cruelty, and inhumane (WHO, 2024).
- The magnitude of the problem is not understood fully, primarily in Western countries where it's practiced silently.

Methods: Extensive quantitative research was conducted aiming at achieving the following objectives:

- Establish the universally accepted definitions of FGM that capture different forms of the mutilation of female genitalia for non-medical purposes.
- Ascertain its prevalence. Data on the prevalence of FGM was collected from various organizations that publish statistics related to FGM, including the United Nations and regional research bodies.
- Identify the causes of FGM and its effects on women and girls. Data was collected from specialized agencies of the United Nations, and research studies were conducted for finding.
- Identify the cultural and religious practices and beliefs that encourage the practice. Data was from research publications on the first-hand experiences of women and girls who have either undergone FGM or hail from communities where FGM is practiced.
- Overall, the primary sources of data on the prevalence of FGM included the specialized agencies of the United Nations, Various specialized agencies of the United Nations Scholarly articles and research publications on FGM, Authoritative news articles, National and regional research institutes, and FGM research organizations.

Results: Lessons learned from the research are:

- FGM refers to a series of practices that involve the partial or complete mutilation of external female genitalia for the practice based on the cultural practices, religious beliefs, and traditions of a community.
- Despite worldwide campaigns against FGM and mass education on its effects, FGM remains prevalent. In some countries, nearly all girls and women aged between 15 and 49 have undergone some form of FGM.

2025 USPHS Scientific and Training Symposium  
Agenda

- Africa leads the rest of the world with the highest prevalence of FGM. The top 10 countries with the highest practice prevalence worldwide are in Africa.
- The detrimental health effects of FGM extend beyond the visible physical scars that victims bear from the mutilation to impacts including excessive bleeding, urine incontinence, and reproductive tract infections.
- Vulnerability to FGM varies by age, region, and social factors such as education. Younger girls and adolescents are more vulnerable to FGM compared to older women.
- Education reduces the prevalence of FGM both by spreading information and removing girls from communities that practice FGM. However, some of these benefits are lost over school breaks and holidays when some girls are forcefully mutilated.

Conclusion:

- Healthcare providers, including all USPHS officers, need to recognize this practice as a significant health concern that needs to be addressed.
- Culturally sensitive care that provides a safe environment to discuss FGM needs to be implemented.
- Healthcare facilities need policies that can be readily implemented if personnel encounter a child who comes in for evaluation of procedure complications. Ethics and legal considerations need to be included in policy writing.
- Obstetric and gynecologists should familiarize themselves with safe practices in labor and delivery when caring for women who have undergone FGM.

At the completion of this session participants will be able to:

1. Define the practice of female genital mutilation
2. Describe the prevalence, types, and potential complications, with their causes, of FGM.
3. Recognize the implications of FGM's influence in immigrant communities in the United States and the importance of education.

Track 2: Applied Public Health Career Pathway

**Understanding Medical Readiness, Fit for Duty, and Deployment Health**

Jun 12, 2025 10:45 *Jason Harris*

Jun 12, 2025 11:15

Duration: .5 hrs.

Background: USPHS Commissioned Corps officers must maintain medical readiness to ensure operational capability, guided by Commissioned Corps Instruction 221.02. Readiness evaluations include physical health, immunizations, and behavioral health assessments. Officers with conditions that may impact readiness must inform the Medical Affairs Branch (MAB) and, if necessary, request medical waivers. COVID-19 highlighted the importance of effective collaboration between MAB and the Readiness and Deployment Branch, prompting the establishment of a Deployment Health Officer role in 2021 to

2025 USPHS Scientific and Training Symposium  
Agenda

mitigate risks during deployments. These measures aim to prevent illness and ensure officers remain fit to fulfill public health missions.

**Methods:** This initiative focuses on enhancing medical readiness, including evaluations of physical, behavioral, and dental health, and ensuring officers meet established medical standards. Fitness for duty is assessed by a Medical Review Board when necessary. The Medical Waiver Program supports readiness policies, reducing the risk of health deterioration through appropriate management strategies. Collaboration between MAB and the Readiness and Deployment Branch has led to developing deployment-specific health protocols and the establishment of the Deployment Health Officer role. These efforts enhance the monitoring of health status during deployments and offer tools for effective health assessment.

**Results:** Collaborative efforts between MAB and the Readiness and Deployment Branch have improved officer health and readiness. The Deployment Health Officer role has led to systematic health tracking, reducing illness and injury rates during deployments. Standardized practices for medical evaluations and deployment health monitoring have improved health outcomes, mitigating health risks. Training initiatives have increased officer adherence to medical readiness standards, fitness for duty assessments, and waiver protocols. The lessons emphasize that a structured, integrated approach to medical readiness strengthens USPHS response capabilities and enhances officer resilience in public health missions.

**Conclusion:** Continuing to enhance medical readiness within the USPHS Commissioned Corps is essential for building a resilient, ready force. Future priorities include expanding training on medical waiver and Safe Harbor Programs, improving communication between MAB and deployed officers, and refining resources and tools for deployment health support. Ongoing collaboration between branches will bolster officer health, safety, and operational readiness, ultimately ensuring effective public health emergency response capabilities. A focus on comprehensive health assessments and preventive measures will maintain the USPHS's ability to protect and serve public health needs.

At the completion of this session participants will be able to:

1. Identify medical readiness requirements for officers in the USPHS Commissioned Corps and fitness for duty process.
2. Describe the Medical Waiver and Safe Harbor Programs.
3. Describe the role of Deployment Health Officer associated with the three phases of deployment.

Track 3: National Security Career Pathway

**If you don't EVOLVE, you dissolve: How the Corps is Pushing the National Security Needle**

Jun 12, 2025 10:45 *Michael Schmoyer*

2025 USPHS Scientific and Training Symposium  
Agenda

Jun 12, 2025 11:15

Duration: .5 hrs.

Background: Life is change. If you aren't growing and evolving, you're standing still, and the rest of the world is surging ahead. With the creation of the USPHS Commissioned Corps Doctrine, it put a charge forward to develop the capacity of our service, and officers, to be more integrated with national security and national health security efforts. It is no mistake that the Doctrine mentions national security 18 times. While we will continue to care for underserved populations and other core tenets of our creation, we must continue to evolve and ask ... yes, and where else must we evolve ?

Methods: This 'TED-style presentation' will delve into 1) our service roots being grounded in national security; 2) provide clear examples of our current support of national security-related efforts; and 3) an exciting showcase of "what's next?" for officers who are interested in careers supporting national security.

The session will discuss the mysterious Baker's Dirty Dozen working group that was commissioned to work behind the scenes to support CCHQ's efforts relating to the National Security Career Pathway.

The session will showcase opportunities for officers in national security that range from O-1 to O-8 billets across multiple areas of the USG.

The session will provide a host of training opportunities for officers to gain knowledge relating to national security careers ... most of which are free.

Results: At the end of this session, officers will have 1) an opportunity to become part of the NEW national security career track ... a pursuit that will cater towards all PACs; 2) learned that an officer can work in national security billets without necessarily needing a TS/SCI security clearance; and 3) be privy to emerging strategic pursuits pertaining to the Corps and other USG partners (e.g., the White House, the Intelligence Community, and others).

Conclusion: The work being addressed in this presentation aligns with current efforts pertaining to the new Commissioned Corps Framework. The author/presenter serves as the lead point-of-contact for the national security-related elements within the Framework.

At the completion of this session participants will be able to:

1. Identify one (1) existing national security billet for each grade, from O-1 to O-8
2. Recall the three new opportunities are for national security billets at the Office of the Director of National Intelligence.
3. Describe the difference between national security, national health security, and global health security.

Track 4: Health Strategy and Innovation Career Pathway

**Isn't it time to move on from this? The United Approach to Addressing the Syphilis Crisis**

Jun 12, 2025 10:45 *Monica Geiger*

Jun 12, 2025 11:15

Duration: .5 hrs.

**Background:** Once thought to be eradicated, syphilis has made a comeback in a big way. The Centers for Disease Control and Prevention (CDC) reported 3,700 cases of congenital syphilis in 2022, a tenfold increase since 2021. HHS takes a syndemic approach to the crisis; integrating a variety of health care social services, and other community support programs/policies to improve healthcare outcomes and quality of life. This approach acknowledges the often-co-occurring conditions of substance use disorder, HIV, and sexually transmitted diseases as well as mental health issues. These health conditions must be addressed concurrently to effectively address the syphilis crisis.

**Methods:** The Office of the Assistant Secretary for Health, Region 6, based in Dallas, identified the need to raise awareness and provide education to both public health professionals and students. A case study was developed by OASH Region 6 based on elements of congenital syphilis cases in Texas that resulted in fetal or infant mortality. The case study challenges participants to identify gaps as well as opportunities for increased collaboration. This case study was then used to bring awareness to the syphilis crisis and facilitate discussions with:

1. State health officials and behavioral health commissioners in the region. The case study encouraged public health and behavioral health professionals to identify opportunities for collaboration.
2. Academic institutions and students in health-related fields to increase awareness of the crisis among both professors and students, challenging students to take on related projects.
3. The Texas Nurses' Association case study was used to facilitate discussions during an educational webinar on congenital syphilis with about 50 nurses currently practicing in the field.

**Results:** Using a case study with elements taken from actual cases has made the case study more relevant to various target audiences. Much of the feedback from providers and state officials includes statements that the subject of the case study seems similar to patients they see on a daily basis. Academics as well as behavioral health commissioners expressed that they were not aware of the extent of the syphilis crisis prior to the event. Nurses and public health professionals as well as nursing students are in a unique position to not only provide education to patients on sexually transmitted diseases and encourage patients to get screened, but also to minimize the impact of social stigma by providing a confidential and safe environment for patients to communicate their needs. By expanding our collaborations to include academic institutions, professional organizations as well as state departments of health, the OASH regional offices hopes to reduce the number of syphilis cases nationwide as well as build a network of collaborators that can work

2025 USPHS Scientific and Training Symposium  
Agenda

together across a variety of health disciplines to address this and future public health needs.

Conclusion: The U.S. has not faced syphilis numbers of such a magnitude in decades, and as such, the public health community needs innovative prevention strategies to address the epidemic today. Treatment does not have to be delivered in a traditional healthcare setting as modern, community-based testing and treatment options that meet patients where they are for easier access should be prioritized. The current syphilis crisis requires an “all hands-on deck” approach from healthcare workers of all sectors, disciplines, and scopes of practice, including physicians, advanced practice providers, nurses, mental health providers, disease intervention specialists, public health professionals and community health workers.

At the completion of this session participants will be able to:

1. Define the current syphilis crisis in the United States.
2. State the importance of community-based partnerships and interventions using a syndemic approach to reduce syphilis cases.
3. Identify two (2) common barriers to syphilis testing and treatment based on the case study presented

Track 5: Transforming Public Health

**Transforming Public Health using a One Health Perspective: Where One Health is and Where it is Pulling You**

Jun 12, 2025 10:45 *Michele Kerns*

Jun 12, 2025 11:15

Duration: .5 hrs.

Background: One Health is the understanding that human, animal, plant, and environmental health are all intertwined. This has become more evident in the past few decades due to increasing environmental changes, globalization, and emerging zoonotic diseases. There are now multiple efforts at the federal level to coordinate across agencies and professions to facilitate solutions to ongoing and new public health concerns. This perspective of unity across professions in the approach to public health has gained significant momentum and will continue to drive the future of public health and how public health service officers provide solutions.

Methods: The Department of Health and Human Services recognizes the importance of One Health and implementing a coordinated approach to improve health outcomes. Different Divisions within HHS (NIH, CDC, FDA) work in the One Health space along with the US Department of Agriculture, the Environmental Protection Agency, and the US Department of Interior, with an emphasis on pandemic preparedness as directed by the “Advancing Emergency Preparedness Through One Health Act of 2021” put forth by

2025 USPHS Scientific and Training Symposium  
Agenda

Congress. The White House has also recognized the importance of One Health in the realm of national security and biodefense through both the National Security Memorandum-1 in 2021 and the National Biodefense Strategy and Implementation Plan in 2022. Both documents emphasize the need for a coordinated approach to global health resilience, pandemic preparedness, antimicrobial resistance, global health security, and crisis response to biological events and public health emergencies. USPHS officers work within the Agencies and across government and are leading this work ; some examples include Highly Pathogenic Avian Influenza (HPAI) and antimicrobial resistance (AMR).

Results: Provide an overview of the concept of One Health and how it is moving forward through the One Health Act and the National Biodefense Strategy and Implementation Plan. Pulling from the Symposium theme this year “Transforming Public Health: United in Action, Forward in Purpose” there is significant opportunity for officers to work together across agencies and categories to address ongoing and new public health concerns using a One Health lens. Significant work is already being done in response to the call from Congress and the White House. Officers can learn from these efforts and apply similar approaches to their own work.

Conclusion: Most public health professionals understand their scope of practice and how it fits in to a larger picture; moving forward into understanding the scope of other practices and keeping the interconnectedness of human, animal, plant, and environmental health at the forefront of public health work will allow for better coordination, better communication, and better solutions that will inevitably improve health outcomes and save lives.

At the completion of this session participants will be able to:

1. Define One Health and how it applies across professions
2. Describe documents driving One Health at the federal and international level
3. Identify ways to coordinate with other entities to streamline understanding of problems and development of solutions with a One Health lens and streamlined budgets

Track 6: Public Health in Action

**The Best Practices Clearinghouse: An Interactive and Comprehensive Repository for leading Heart Disease and Stroke Prevention & Management Resources**

Jun 12, 2025 10:45 *Kelly Chapman*

Jun 12, 2025 11:15

Duration: .5 hrs.

Background: Cardiovascular disease (CVD) has substantial health and economic burdens in the United States. Nearly half of US adults have one or more CVD-related condition, including heart disease and stroke, which represent the first and fifth leading causes of death respectively. Research efforts have successfully identified effective evidence-based

2025 USPHS Scientific and Training Symposium  
Agenda

approaches to address CVD burden. Unfortunately, it can take an average of 17 years to move research into practice. As a result, many of these critical public health and clinical strategies have not yet been widely implemented or are underutilized.

**Methods:** To help close this gap and effectively reduce the time between science and practice, the Centers for Disease Control and Prevention launched The Best Practices Clearinghouse for Heart Disease and Stroke Prevention and Management. The Clearinghouse serves as a repository for 18 evidence-based strategies aimed at reducing the burden of CVD and can be updated and expanded on as new evidence and science emerges. Strategies are organized within five general approaches: Coordinating services for cardiovascular events, Engaging organizations to promote cardiovascular health, Implementing technology-based strategies to optimize care, Leveraging community and clinical public health workforces, and Supporting patients in self-management. Each strategy includes considerations like evidence of their effectiveness and impact on health outcomes, available policy levers, and how to promote health equity for underserved populations.

**Results:** Using a human-centered design approach, The Clearinghouse provides an accessible, yet comprehensive resource for public health leaders and decision makers to facilitate the widespread implementation of these effective strategies. The Clearinghouse also promotes community engagement and participation by hosting discussion boards, providing mechanisms to submit feedback and additional resources for future consideration, and implementation stories to foster connections across the nation and rebuild trust in public health.

**Conclusion:** This presentation will describe and demonstrate key features of this innovative knowledge translation tool and how it can support the prevention and management of heart disease and stroke and related risk factors in diverse populations.

At the completion of this session participants will be able to:

1. Locate a detailed and continuously updated repository of best practices and resources for improving cardiovascular health at their clinic or practice.
2. Describe ways to highlight your clinic's work towards reducing or preventing heart disease and stroke, and interact with a community of professionals working to accomplish this goal.
3. Identify best practices for reducing heart disease and stroke for your patients, family, and community.

**Lunch**

Jun 12, 2025 11:15

Jun 12, 2025 14:15

Track 1: Clinical Care Career Pathway

**Dispelling the Myths: The Presentation and Management of Psychogenic Non-Epileptic Seizures in Vulnerable Populations**

Jun 12, 2025 14:15 *Jennifer Mewshaw*

Jun 12, 2025 14:45

Duration: .5 hrs.

**Background:** Psychogenic nonepileptic seizures (PNES) are often misdiagnosed as epilepsy but are a subtype of dissociative disorder due to a dysfunction in processing psychological distress. Patients with PNES often receive aggressive and unnecessary treatment for epilepsy, which can delay diagnosis and appropriate treatment. Historically known as pseudo seizures, patients with PNES are often accused of feigning symptoms, as seizure activity may appear like epilepsy but lacks epileptiform abnormalities on EEG. A multitude of factors may predispose and perpetuate patient symptoms, including head injuries, mood disorders, PTSD and abuse. Effective treatments exist but low compliance and attrition are often complicating factors.

**Methods:** A literature review was performed using PubMed and the following search terms: psychogenic nonepileptic seizures, mental health, trauma, abuse, gender, and perception. All applicable articles were reviewed and analyzed for inclusion in the analysis. Sourced from the last ten years, the specific area of focus for the literature review was healthcare providers perceptions surrounding PNES and how their thoughts or biases impacted the delivery of the diagnosis. This has been cited as a key factor of how the diagnosis and subsequent treatment is accepted by the patient. Patients with a history of head injury, mental health disorders, maladaptive coping mechanisms, exposure to childhood trauma, abuse, drug use and chronic stress, among a multitude of other factors, are at significantly higher risk of developing PNES. The review specifically focused on the bidirectional relationship of these factors with PNES in vulnerable populations, most notably, women, gender minority individuals, veterans, those with a history of physical and sexual abuse, and those with mental health comorbidities.

**Results:** Patients with PNES often experience a low tolerance for emotional arousal, either under or over emotionally regulating, particularly during exposure to psychological triggers or somatosensory stimuli. Because the diagnosis is challenging to make and is often delivered after a multitude of unsuccessful treatments, clinicians must deliver the diagnosis and treatment plans with empathy and clarity. Additionally, clinician misperceptions and biases regarding the diagnosis may significantly impact the message received by the patient. PNES and psychiatric disorders are interrelated, both influencing and exacerbating the other. While cognitive behavioral therapy remains the most used treatment for PNES, the management of the disorder requires a multidisciplinary and holistic collaboration. High risk populations often experience significantly reduced access to consistent mental healthcare. It is essential that medical providers understand the authenticity of the diagnosis and the fragility of the patient's status, providing education on

2025 USPHS Scientific and Training Symposium  
Agenda

types of seizures, seizure triggers, relaxation techniques and treatment for underlying mental health conditions.

Conclusion: It is essential that health care providers are educated on the biological, psychological and social factors that predispose patients to PNES and address their own misperceptions. Patients with PNES, often of the most vulnerable and susceptible of any patient population, experience a systemic condition outside of their control. It is through consistent and empathetic clinical support that these patients can engage in a treatment plan to increase functionality and restore their quality of life.

At the completion of this session participants will be able to:

1. Define psychogenic non-epileptic seizures (PNES), including the biological, psychological and social factors that predispose patients to this condition.
2. Identify how clinician misconceptions and biases can impede patient acceptance of the diagnosis and treatment.
3. Describe a multidisciplinary approach to the treatment of PNES, including patient education and the management of coexisting mental health conditions.

Track 2: Applied Public Health Career Pathway

**National Health Worker Workforce Well-being Data**

Jun 12, 2025 14:15 *Jayne Berube*

Jun 12, 2025 14:45

Duration: .5 hrs.

Background: There are few large studies that examine health worker well-being within primary care and across diverse workforce categories. Understanding and responding to levels of burnout, engagement, and intention to stay by workforce category and demographics is critical for health centers and other health care entities in being prepared for future public health emergencies, as well as promoting patient quality of care and workforce retention. Addressing health worker workforce well-being and burnout is a priority of the US Surgeon General and the Biden Administration.

Methods: HRSA launched the Health Center Workforce Well-being Survey across nearly 50 percent of its 1,400 health centers nationally. More than 52,000 health workers completed the survey, providing insightful data on the drivers and outcomes of workforce well-being by workforce category, demographics including race and ethnicity, rural/urban locations, and other characteristics. Key data points from more than 52,000 completed surveys will be provided, including the biggest drivers of burnout.

Results: The biggest drivers of burnout are heavy workloads, a lack of work/life balance, and a lack of professional growth. Staff at rural health centers had a significant higher mean score in intention to stay than those in urban health centers and job satisfaction.

2025 USPHS Scientific and Training Symposium  
Agenda

Conclusion: Survey data from the 52,000 completed surveys can be analyzed using a publicly available online interactive dashboard on the HRSA Data Warehouse. The dashboard allows users to view the data by workforce category, demographics, rurality, and other factors to assess levels of burnout. Data and analysis are also available in the Health Center Workforce Well-being Survey National Data Report, also online

At the completion of this session participants will be able to:

1. Identify the drivers of workforce well-being that are the strongest predictors of burnout, engagement, intention to stay, and job satisfaction and other key highlights from the data.
2. Describe how a large survey data set (52,000 completed surveys) can inform quality improvement strategies to address workforce well-being.
3. Describe where to access the survey measures and the interactive national survey data dashboard.

Track 3: National Security Career Pathway

**Enhancing Global Health Security through International Donations of COVID-19 Vaccines and Therapeutics**

Jun 12, 2025 14:15 *Mirabelle Adamu*

Jun 12, 2025 14:45

Duration: .5 hrs.

Background: The Center for HHS Coordination Operations and Response Element (H-CORE), established under ASPR in January 2022, has been instrumental in coordinating international donations of COVID-19 vaccines and therapeutics. In November 2022, USAID requested HHS's support for their global Test-to-Treat program, leading to a partnership and a memorandum of understanding. By March 2023, H-CORE began overseeing vaccine and therapeutic donations, establishing an interagency working group to streamline the process. This effort included developing donation pathways, re-establishing a Tripartite Agreement in July 2023, and creating bilateral agreements with support from BARDA and the Office of Global Counsel (OGC).

Methods: This presentation examines the efforts of the Administration for Strategic Preparedness and Response (ASPR) and Center for the HHS Coordination Operations and Response Element (H-CORE) in facilitating COVID-19 vaccine and therapeutic donations to lower- and middle-income countries (LMICs). Using the COVID-19 pandemic as a case study, the focus will be on strategic donations as a tool for promoting global health equity and strengthening emergency preparedness and resilience. The presentation will provide information on the operational logistics, challenges, and strategic importance of international donations, with particular emphasis on the role of key frameworks and pathways, including Tripartite and bilateral agreements.

2025 USPHS Scientific and Training Symposium  
Agenda

**Results:** Results: Since its inception, the program has achieved significant results in supporting global health efforts. A notable success was the first therapeutic donation of 2,000 treatment courses to Ghana, which demonstrated the feasibility of donating COVID-19 therapeutics internationally. This achievement paved the way for subsequent donations, responding to therapeutic requests from eight countries. The program successfully facilitated the donation of 25,100 Emergency Use Authorization (EUA) and 3,264 New Drug Application (NDA) therapeutic treatment courses to meet urgent global needs.

For COVID-19 vaccine, approximately 185 million doses and 453,000 needles and syringes were donated to 109 recipient countries, through 265 vaccine donations ending in February 2024.

**Lessons learned:** The program's policy achievements include securing approval for bivalent vaccine donations and establishing a Tripartite Agreement, strengthening the international donation process. H-CORE's partnership with USAID, codified through a MOU, resulted in an interagency SOP enhancing operational efficiency and memorializing the process for future donations. Expanding partnerships and shaping policy are crucial elements for donation pathways. H-CORE's therapeutic donation program extension through 2026, along with donation clauses in future manufacturer agreements, will ensure continued pathways to meet global demand for COVID-19 therapeutics, and bolster global health security.

**Conclusion:** The ASPR/H-CORE initiative has proven to be a vital contributor to global COVID-19 response efforts through successful donation of vaccines and therapeutics. Recommendations include maintaining donation pathways by ensuring manufacturer agreements have donation clauses, continued collaboration between interagency and international partners, and designating critical USG procured products for donation to countries in need to accommodate emerging global health challenges.

At the completion of this session participants will be able to:

1. Describe the key elements and objectives of the ASPR/H-CORE's pathway and process for donating COVID-19 therapeutics to lower- and middle-income countries.
2. Examine the role of the Tripartite agreement (HHS, manufacturer, GAVI) and the bilateral agreements in facilitating international donations of COVID-19 vaccines and the importance of maintaining these agreements post response.
3. Describe the collaboration between ASPR/H-CORE and stakeholders for international donation programs on global health systems.

Track 4: Health Strategy and Innovation Career Pathway

**Methadone a New Therapeutic Option for Intraoperative Pain Management in Gallup Indian Medical Center: An Initiative to Reduce Postsurgical Opioid consumption**

Jun 12, 2025 14:15 *Neil Barranta*

2025 USPHS Scientific and Training Symposium  
Agenda

Jun 12, 2025 14:45

Duration: .5 hrs.

**Background:** Methadone is commonly used in treating chronic pain, but not frequently used as an intraoperative pain relief. Several studies showed Methadone is an effective therapeutic option for intraoperative analgesia. Despite advancements and the use of novel analgesic strategies, adequate relief of postoperative pain continues to pose a significant dilemma. Existing pharmacological options are not necessarily effective and, more often associated with adverse effects. Annually millions of patients undergo surgery and are treated with opioids. However, ineffective pain management continues to impact morbidity, and mortality. Methadone is an opioid that possesses several unique properties that are advantageous in surgical patients.

**Methods:** Approximately 2,500 surgical and 665 critically ill patients received anesthesia care annually in Gallup Indian Medical Center (GIMC). GIMC provides care to underserved populations of the Navajo Nation. It is a 99-bed hospital in Gallup, New Mexico, on the border of the Navajo Reservation. Department of Anesthesia is heavily involved in several clinical areas at GIMC, including Internal Medicine, Cardiology, OB/GYN, General Surgery, Orthopedics, ENT, Radiology, Pathology, Pediatrics, Psychiatry, and Emergency Medicine.

The workload at Gallup is one of the largest in the Indian Health Service, with 250,000 outpatient encounters and 5,800 inpatient admissions annually. It is estimated that postoperative severe pain occurs in 20-50% of all surgical procedures.

More than 75% of surgical patients in the United States experience moderate, severe, or extreme postoperative pain. Inadequate pain relief, especially on day one after surgery, leads to a broad range of severe consequences, such as delayed ambulation, increased incidence of cardiovascular and pulmonary complications with increased morbidity and mortality, and the development of chronic postoperative pain that can lead to impaired function, prolonged inappropriate use, and increased medical cost.

**Results:** Several systematic reviews concluded that the use of intraoperative Methadone reduces postoperative pain when compared to traditional opiates. Additionally, the beneficial effect of Methadone on postoperative pain is lower postsurgical opioid consumption and pain scores. The results suggest that intraoperative Methadone may be a viable strategy to reduce acute pain in surgical patients. Machado et al. postulated, postoperative morphine consumption was significantly higher for patients receiving fentanyl than Methadone during the postoperative period at 2 hours mean difference [MD] of 6.4 mg, 2–6 hours 11.4 mg, 6–24 hours 10.4 mg, and 24–48 hours 14.5 mg. Patients from the Fentanyl group had higher pain scores until 24 hours postoperatively, higher incidence of nausea and vomiting, lower satisfaction, and more evoked pain at surgical scar at the 3-month postoperative evaluation than the Methadone group. Per CDC, inappropriate use can lead to drug overdose (OD), a leading cause of mortality in the US. In 2019, drug overdose deaths totaled 70,630, an increase of 4.8% 2018. Since 2009, an increasing

2025 USPHS Scientific and Training Symposium  
Agenda

proportion of OD deaths have been caused by opioids, a 70.6% of all drug overdose deaths in 2019. Latest data from CDC estimated a 107,543 drug OD in the US on 2023.

Conclusion: The use of novel analgesic strategies, such as local anesthetics, opiates, gabapentinoids, acetaminophen, and nonsteroidal anti-inflammatory agents, remains ineffective. The persistent use of opioids after surgery has been shown to lead to opioid abuse. Methadone is an alternative opioid with a long elimination half-life up to 36 hours that provides stable blood concentrations after a single intraoperative dose without fluctuations associated with repeated injections of high-clearance agents like morphine. It is a potent  $\mu$ -receptor agonist with the most extended elimination half-life. Better use of opioids during surgery is paramount in perioperative treatment.

At the completion of this session participants will be able to:

1. Identify the physiological benefits of Methadone in reducing the opiate requirement and potentially preventing opiate abuse.
2. Describe the advantageous benefits of intravenous Methadone in the perioperative period.
3. Describe Methadone's unique pharmacological profile, which targets pain on multiple planes and provides long-lasting pain relief.

Track 5: Transforming Public Health

**Balancing Ethical Oversight and Cultural Sensitivity: The Role of the Portland Area IHS IRB in Tribal Research**

Jun 12, 2025 14:15 *Ryan Pett*

Jun 12, 2025 14:45

Duration: .5 hrs.

Background: The IHS Institutional Review Board plays a critical role in overseeing research involving tribal and Indigenous communities, ensuring ethical compliance while respecting cultural values. Unlike traditional IRBs, the IHS and tribal IRBs consider group harm as part of their review process and mandate pre-publication review, filling a regulatory gap overlooked by the Common Rule and FDA guidelines. However, navigating permissions from individual tribes and complying with federal regulations can present logistical barriers, limiting research opportunities within tribal communities. This abstract highlights the unique role and challenges faced by the IRB in supporting culturally sensitive public health research.

Methods: The Portland Area IHS IRB reviewed approximately 40 research submissions from January through October 2024, predominantly exempt-level studies, with a few expedited and a single full committee review. All submissions adhered to the Common Rule, with none subject to FDA regulation, reflecting the rarity of experimental research in tribal contexts. This IRB mandates permissions from each involved tribe and clinic,

2025 USPHS Scientific and Training Symposium  
Agenda

ensuring respect for tribal sovereignty but posing a significant time barrier for investigators, which can deter research expansion into tribal areas. Furthermore, the Paperwork Reduction Act complicates federal IRB operations, as there are no OMB-approved forms for IHS research. To address this, the Portland Area IHS IRB collaborates with the Northwest Indian Health Board, enabling standardized forms to be accessible for investigators, thereby improving consistency and quality in documentation. This program description underscores the dual accountability of the IRB to federal and tribal standards, ensuring a balanced approach to ethical oversight that respects both individual and community rights.

**Results:** The Portland Area IHS IRB's approach has yielded several insights on the complexities of conducting research within tribal communities. Mandating group harm considerations and pre-publication review fosters trust between tribal communities and researchers, enhancing the ethical integrity of studies. However, the requirement for tribal permissions has highlighted the logistical challenges of multi-jurisdictional research, with some investigators choosing to forgo tribal studies due to time constraints. Additionally, the workaround for the Paperwork Reduction Act, achieved through contracting with the Northwest Indian Health Board, has improved access to consistent documentation, though the absence of OMB-approved forms remains a federal oversight. Lessons learned from this experience suggest that while IHS and tribal IRBs provide an essential framework for culturally sensitive research, regulatory flexibility and resource support could further enhance public health research in tribal settings.

**Conclusion:** The experience of the Portland Area IHS IRB underscores the importance of culturally sensitive frameworks in transforming public health research within tribal regions. Recommendations include advocating for streamlined processes to facilitate tribal permissions, developing OMB-approved documentation to reduce administrative burdens, and enhancing partnerships with tribal organizations to support consistent, quality oversight. These strategies can improve researcher access to tribal communities and foster greater inclusivity in public health research, aligning with the Symposium theme of "Transforming Public Health: United in Action, Forward in Purpose."

At the completion of this session participants will be able to:

1. Define the unique considerations of group harm and pre-publication review in tribal and IHS IRBs.
2. Describe the role of the Portland Area IHS IRB in ensuring cultural sensitivity and compliance with ethical standards.
3. Examine the challenges posed by the Paperwork Reduction Act on IHS and federally operated IRBs and federal investigators

Track 6: Public Health in Action

**Beyond the Numbers: Insights from the State of the Scientists Survey**

Jun 12, 2025 14:15 *Nang Thu Thu Kyaw*

2025 USPHS Scientific and Training Symposium  
Agenda

Jun 12, 2025 14:45

Duration: .5 hrs.

**Background:** Scientist officers within the United States Public Health Service (USPHS) Commissioned Corps represent an array of scientific disciplines, including epidemiology, regulatory science, laboratory, and psychology. They contribute to the USPHS Commissioned Corps mission while stationed at duty locations across the nation and overseas. The annual State of the Scientists (SoS) survey serves as a vital pulse check to understand Scientist officers' experience with and needs from the service and PAC. We describe how SoS survey implementation has changed from 2018 to 2024, and how the survey data is used to inform SciPAC initiatives and future directions.

**Methods:** SciPAC's Science Subcommittee (SC) annually conducts the SoS survey to characterize Scientist officers rostered as of December 31st of the previous year. The survey uses an online platform to collect data on education, skills, training, deployment, leadership, performance, and service. It also collects information on topics related to Scientist officers' experiences, including perceived benefits and challenges of service, the impact of USPHS Commissioned Corps policy changes, and other aspects that impact officers' personal and professional lives. The survey is reviewed each year for potential revisions to ensure the content remains relevant. The survey takes approximately 15 minutes and is fielded for three weeks in the Spring. We will refer to the survey year in respect to the year fielded.

In 2019, a modular format was introduced wherein a subset of questions were designated to be asked every other year to reduce survey burden. In 2022, the survey became anonymous when questions on officers' socio-demographics (race, ethnicity, gender, sexual orientation) and mental health were added. In 2024, two major changes were implemented; the SoS provided an opportunity for SciPAC SCs to add questions and share feedback, and survey implementation transitioned from SurveyMonkey (paid platform) to REDCap (free platform) to save cost.

**Results:** Incorporating timely and relevant questions on the SoS enhanced data-driven initiatives. SoS survey results identified officer needs. For example, findings indicate most Scientist officers with mental health needs do not receive counseling/therapy due to fear of an impact on their PHS career. The SciPAC's Behavioral Health & Wellness SC is responding to this need for more mental health support to officers with seminars, resources, and other officer support. SoS data on officer socio-demographics has informed procedures to ensure the SciPAC voting membership is representative of the overall PAC membership. Findings related to SciPAC meetings and websites can inform SCs' program improvement efforts.

Open-ended response options added depth. Nineteen questions in the 2024 SoS contained open-ended response options and were analyzed for themes. For the first time,

2025 USPHS Scientific and Training Symposium  
Agenda

the SoS asked Scientist officers to specify what the PAC could do to improve their experience. The Executive Board is developing responses to this feedback and exploring how to use this data to inform SciPAC activities and improvements. SciPAC SCs are also exploring uses of this data for action.

Sustaining response rates required continuous effort. Regular reminder emails, including rank-specific targeted reminders and incentives for survey completion (e.g. raffle) can improve response rates.

Conclusion: The SoS survey has been essential in capturing the perspectives, experiences, and contributions of Scientist officers, and informing key initiatives such as mental health support, PAC operations, and SciPAC's strategic planning. Looking ahead, the SoS survey will remain a critical tool for data-driven decision-making, ensuring SciPAC continues to be responsive to evolving officer challenges and needs. Ongoing efforts to enhance the survey will ensure the collection of high-quality, actionable data. Finally, assessing trends from the SoS over the years could assist with identifying additional and emerging needs to support and advance the well-being and professional development of Scientist officers."

At the completion of this session participants will be able to:

1. Describe how the State of the Scientists (SoS) survey is fielded and the types of information it collects.
2. Describe how the SoS has evolved over the last several years.
3. Identify how the SoS informs data-based decision making to support Scientist Officers.

Track 1: Clinical Care Career Pathway

**Statin-Induced Myopathy:**

Jun 12, 2025 14:45 *Matthew Daab*

Jun 12, 2025 15:15

Duration: .5 hrs.

Background: Statin-Induced Myopathy is a known potential, and often debilitating, complication of statin cholesterol medications. The symptoms of this condition include muscle pain, weakness, muscle tenderness, and proximal muscle weakness. It has been noted in recent years that the incidence of this condition is higher in Native Americans, particularly in the 4 Corners region. This trend was noted for the patients of Tuba City. Statin medications are very commonly prescribed medications for the treatment of high cholesterol.

Methods: The Tuba City Pharmacy and Therapeutics (P and T) Committee, made a formulary change, switching from Atorvastatin/Simvastatin to Rosuvastatin/Pravastatin. It would be beneficial to obtain data of cases of statin-induced myopathy before and after

2025 USPHS Scientific and Training Symposium  
Agenda

the formulary change, to see if the change had a beneficial effect on the population. Using the Electronic Health Record (EHR), data was obtained to identify cases of statin-induced myopathy both prior and after to the formulary change.

Results: Statin-induced myopathy is an often debilitating condition, impacting the quality of life of those affected. Data is still being obtained at the time of this submission.

Conclusion: Completed data gathering and analysis is still needed. Based on data obtained, decision should be made as to stay the course, make formulary changes, or to seek alternative treatments for high cholesterol for at risk patients. More research is also needed to determine why there is a higher incidence of this serious condition among Native Americans.

At the completion of this session participants will be able to:

1. Define the diagnosis, clinical manifestations, and treatment of statin-induced myopathy.
2. Describe the reason why this condition is such a concern on the Navajo Nation and in the Four Corners Region.
3. Identify the next steps in addressing this problem.

Track 2: Applied Public Health Career Pathway

**Leveraging Neuromodulation-Induced Brain Plasticity for Improvement in Attention and Working Memory in Mild Traumatic Brain Injury, Implications for Rehabilitation Professionals**

Jun 12, 2025 14:45 *Kevin Healy*

Jun 12, 2025 15:15

Duration: .5 hrs.

Background: Over the past 20 years in DoD, over 400,000 service members have sustained a mild traumatic brain injury and many patients with TBI continue to experience chronic symptoms such as pain, depression, and cognitive difficulties. Neuromodulation may assist in rehabilitation and improving disrupted brain networks by targeting specific brain circuits through a non-invasive means. Utilizing neuromodulation may provide an innovative treatment to improving clinical outcomes for patients with mild Traumatic Brain Injury

Methods: Patients are given Pre-Assessment/Baseline to include: self-reported symptom questionnaires, Brief battery targeting attention and working memory, FUSION and Bethesda Eye and Attention (BEAM) tasks. Additional data gathered includes electroencephalography as well as eye tracking and manual metrics.

Treatment includes: 5 daily sessions of tDCS, 2 13-minute sessions during 46-minute cognitive games

Post-Assessment:

2025 USPHS Scientific and Training Symposium  
Agenda

Repeat all measures given at pre-assessment/baseline

6-Week Follow-up:

Self-reported symptom questionnaires, and additional

Results: Symptom severity reported on the neurobehavioral symptom inventory (NSI) and on the left are the symptoms based on the Neuro Quality of Life. It's important to note that the Anxiety, Depression and Emotional and Behavioral Dyscontrol—higher indicates worse functioning. With Positive affect and well being, satisfaction with social roles and activities, and cognitive functioning—higher indicates better functioning.

As we can see by the highlighted red boxes there is a statistically significant difference on both independent measures of cognitive functioning between pre- and post- intervention. Additionally, there were trends on the NSI total and affective scales as well as the NeuroQoL anxiety scale.

A higher Neuro-QoL T-score represents more of the concept being measured. For positively-worded concepts like Ability to Participate in Social Roles and Activities, a T-score of 60 is one SD better than average. By comparison, for symptoms and other negatively-worded concepts like Fatigue and Depression, a T-score of 60 is one SD worse than the averaged reference population.

Conclusion: One of the major weakness of this study, in my opinion is the number of sessions and the fact that participants are required to come to clinic to receive treatment.

We are beginning a CDMRP grant-funded study to investigate remotely supervised tDCS combined with cognitive training over the next 4 years.

In conclusion, I believe we have some compelling preliminary data and a new study that I believe will show promise in treating pervasive neurobehavioral symptoms following a mild TBI.

At the completion of this session participants will be able to:

1. Describe co-existing diagnoses common in TBI DoD clinics.
2. Define neuromodulation and synaptic plasticity.
3. Identify clinical implications for neuromodulation and neural activation and how this can improve patient's brain health.

Track 3: National Security Career Pathway

**Your Role as a Public Information Officer in Deployments or Preparedness Exercises**

Jun 12, 2025 14:45 Yvon Yeo

Jun 12, 2025 15:15

Duration: .5 hrs.

Background: Public Information Officers (PIOs) are designated spokespersons at CCHQ deployments and preparedness exercises. Officers are selected from all categories to serve as PIOs. Often, they are not serving in communications roles at their duty stations

2025 USPHS Scientific and Training Symposium  
Agenda

and may not have a communications background. Nevertheless, they play an important and highly visible role in representing the USPHS Commissioned Corps. This is a presentation of the PIO training to prepare Public Health Service officers for the PIO role in CCHQ deployments and preparedness exercises.

**Methods:** The role of the PIO is critical in risk and crisis communication. In the past, there was no training at CCHQ to prepare officers for their PIO role in CCHQ deployments and preparedness exercises. However, in September 2024, a formalized PIO training was introduced at the USPHS Deployment Role Training, as part of the Deployment Leadership Track.

Serving as liaisons between the USPHS Commissioned Corps and the public, media, and other agencies or organizations, PIOs increase visibility of the USPHS Commissioned Corps. By providing accurate and timely information, they facilitate positive media coverage of Public Health Service officers.

The training equips PIOs with the knowledge and skills to be effective spokespersons in supporting the USPHS mission and informs them of HHS/OASH/CCHQ rules and policy governing different aspects of their role, including engagement with the media and posting on social media platforms. They learn tips for successful media interviews, with the talking points provided. Further, they learn what is expected of them before their deployments and the tasks to complete at the end of their assignments.

**Results:** The first PIO presentation at the USPHS Deployment Role Training in September 2024 to 35 officers was well received. It generated very good audience engagement with many questions asked, highlighting the gap in knowledge and the need for training prior to their deployments. Some of the questions asked by the audience were:

Do you need approval to post photos of yourself with principal leadership on personal social media accounts?

What are the rules for posting on social media?

Do you need approval to include photos of yourself with principal leadership in publications, for example, COA Frontline?

How soon, after deployment, are you allowed to present on your deployment experience?

How do you respond to questions that are not in the talking points?

Are approvals required for media interviews?

The PIO training addressed all those questions. Different scenarios of deployments and preparedness exercises were presented, stimulating audience interest and their engagement.

**Conclusion:** In CCHQ deployments and preparedness exercises, PIOs play an important role in public relations, engaging the media, stakeholders, and communities. The PIO training helps fill the gap in their training and experience. It is a critical part of their deployment experience.

2025 USPHS Scientific and Training Symposium  
Agenda

At the completion of this session participants will be able to:

1. Identify the role of PIOs in CCHQ deployments and preparedness exercises.
2. Enumerate three tips for a successful media interview.
3. Describe HHS policy on social media use and posting during deployments.

Track 4: Health Strategy and Innovation Career Pathway

**Implementing and Enforcing the No Surprises Act Provider Requirements**

Jun 12, 2025 14:45 *Samuel Schaffzin*

Jun 12, 2025 15:15

Duration: .5 hrs

Background: With the passing of the No Surprises Act (NSA), consumers have new billing protections when receiving emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers. Through rules and regulations aimed to protect consumers officially on the books, excessive out-of-pocket costs are now restricted, and emergency services must continue to be covered without any prior authorization, and regardless of whether or not a provider or facility is in-network.

Methods: The No Surprises Act provider requirements took effect on January 1, 2022. The Centers for Medicare & Medicaid Services (CMS) enforces the provider and issuer provisions of the NSA and states/territories also directly enforce the provisions when they have the authority to do so. In the three years since NSA implementation, CMS continues to work with states and territories as their enforcement authorities and capabilities evolve, collaborate with provider organizations and associations to improve awareness of and compliance with the NSA, and develop NSA educational content and other resources to help better inform providers and consumers of the law.

Results: As of September 2024, CMS has received more than 13,600 complaints, most of which have been related to alleged violations of the NSA. Through the formal investigation process, CMS has directed plans, issuers, providers, health care facilities, and providers of air ambulance services to take remedial and corrective actions to address instances of NSA non-compliance, which has resulted in approximately \$6 Million in monetary relief paid to consumers or providers. As complaint volume increases and Federal, state, and territorial enforcement approaches evolve, operational processes must adapt to meet the demands of these developments. Similar programmatic adjustments will be needed to accommodate the likely increase in external stakeholder engagement and associated outreach and education efforts. Additionally, it will be critical for CMS and state/territorial partners to develop a joint strategy to strengthen and better carry out the compliance and enforcement of the NSA provider provisions.

2025 USPHS Scientific and Training Symposium  
Agenda

Conclusion: This session will provide an overview of the NSA provider requirements. Members of the Center for Consumer Information and Insurance Oversight (CCIIO) Division of Provider Compliance and Enforcement will discuss the impact of NSA implementation and enforcement activities to date. They will also explore ways in which USPHS Commissioned Corps officers can take on more of a role in leading and/or supporting the implementation and roll out of future health care legislation and programs based on lessons learned from implementing and operationalizing the NSA.

At the completion of this session participants will be able to:

1. Describe the impact of the No Surprises Act (NSA) on the health care landscape, as well as the role Federal, state, provider organizations, and other stakeholder collaboration in standing up and enforcing the NSA provider requirements.
2. Examine the role of data collection in enforcing the NSA and ensuring provider compliance, as well as its importance in assessing and improving a new national surprise medical billing program.
3. Examine ways in which USPHS Commissioned Corps officers can take on more of a role in leading and/or supporting the implementation and roll out of future health care legislation and programs based on lessons learned from implementing and operational

Track 5: Transforming Public Health

**Transforming Public Health through Nature Prescriptions**

Jun 12, 2025 14:45 *Sara Newman*

Jun 12, 2025 15:15

Duration: .5 hrs.

Background: The United States faces a growing nature deficit, with limited access to green spaces harming physical, mental, and social health. Despite early efforts by the U.S. Public Health Service (USPHS) and National Park Service, integrating nature into public health care waned. Today, evidence shows greenspaces reduce obesity, anxiety, depression, and chronic illness while fostering ecological awareness. Clinicians and USPHS officers can revive initiatives like ParkRx and NatureRx, prescribing nature as a therapeutic tool. Embedding these programs into policies and community efforts can expand equitable access, reduce health problems, and promote sustainable, preventive health strategies.

Methods: The National Park Service (NPS) offers programs like Healthy Parks Healthy People, ParkRx, and Your Park Your Health to encourage using parks as vital health resources. These initiatives leverage nature's transformative power to address physical, mental, and social health challenges. Healthy Parks Healthy People integrates parks into public health strategies, ParkRx enables healthcare providers to prescribe time outdoors, and Your Park Your Health engages communities to connect with public lands. Collaborations with agencies like Veteran Affairs and the CDC highlight ParkRx as a

2025 USPHS Scientific and Training Symposium  
Agenda

promising practice for advancing human health while promoting environmental stewardship.

Evidence shows greenspaces reduce cardiovascular risks, lower stress, and improve mental health. Women benefit from enhanced reproductive health and emotional well-being, while youth gain opportunities for physical activity and stress relief, addressing obesity and mental health challenges. By fostering access to nature, the NPS ensures all communities can thrive through its health benefits.

Results: There is growing scientific evidence that exposure to nature improves physical health by reducing blood pressure, obesity, and cardiovascular risks, while enhancing mental health by alleviating anxiety, depression, and stress. These benefits are particularly important for populations with limited access to healthcare and green spaces. Prescribing nature as a health intervention is a low-cost, accessible strategy to improve health and prevent chronic disease. Connecting communities to parks promotes access, shifting from pharmaceutical-dependent approaches to prevention-focused solutions. However, studies show clinicians lack time, structure, and systems to prescribe greenspace. The increasing availability of outdoor space data in medical systems helps providers promote nature-based interventions. The USPHS Commissioned Corps plays a crucial role in advocating for nature as a health resource. As trusted health leaders, they can model outdoor engagement, promote it within their communities, and incorporate it into their work. With climate change threats growing, their role in communicating the importance of protecting natural resources for public health is more urgent than ever. Through leadership, the USPHS can drive a shift toward nature-based health solutions and environmental stewardship.

Conclusions: For ParkRx to reach its full potential, public health officials and clinicians must champion its integration into standard care. Future research should prioritize randomized controlled trials to validate its effectiveness and develop systems for providers to incorporate it into practice. The USPHS plays a pivotal role in leading this movement, enhancing its visibility, credibility, and adoption. By advocating for ParkRx and engaging in community dialogue about environmental protection, PHS officers and the healthcare sector can drive a cultural shift toward preventive, comprehensive health strategies that address health gaps, promote wellness and empower all Americans to achieve better well-being through nature.

At the completion of this session participants will be able to:

1. Describe how the history of park prescription (ParkRx) and its evolution from early efforts by the USPHS and National Park Service has become a current tool for improving public health.
2. Describe the role of the USPHS Commissioned Corps in promoting nature-based health interventions.

3. List recommendations for expanding and integrating ParkRx into the US healthcare system

Track 6: Public Health in Action

**FDA Analysis of Adverse Events Related to Tejocote Supplements Potentially Adulterated with Yellow Oleander**

Jun 12, 2025 14:45 *Oliver Ou*

Jun 12, 2025 15:15

Duration: .5 hrs.

Background: Tejocote (*Crataegus mexicana*) products are frequently marketed as weight loss supplements. In 2023, the US Food and Drug Administration (FDA) began investigating cases of tejocote adulterated with yellow oleander (*Thevetia peruviana*). Yellow oleander contains cardiac glycosides and can cause cardiac symptoms identical to digoxin poisoning.

Methods: FDA analyzed adverse event reports related to tejocote products received by FDA and America's Poison Centers National Poison Data System (NPDS). FDA also tested 18 tejocote product samples.

Results: The public reported 58 nonfatal cases concerning potentially adulterated tejocote products to FDA and America's Poison Centers National Poison Data System (NPDS). Among 30 FDA reports (6/2016–5/2024), the mean reported patient age was 41 years (range: 14-67), with 29 females (97%). Eleven patients were hospitalized. Gastrointestinal disorders (n=20, 22.0%) and cardiac disorders (n=11, 12.1%) were among the top reported categories of symptoms cited on the FDA tejocote reports.

Among 28 NPDS exposures (9/2021-9/2023), the mean reported patient age was 32 years (range: 1.9-66 years), with 24 females (85.7%). Twelve patients were hospitalized. All cases had related clinical effects (i.e., timing/signs/symptoms were considered consistent with exposure by the Specialists in Poison Information at the poison center) and cardiac effects were most common (n=15).

Subsequent FDA testing of 18 product samples found that certain tejocote products did not contain any tejocote and were substituted with yellow oleander.

Conclusion: Consequently, FDA issued a public safety communication and issued warning letters to numerous firms to let consumers and the public know to not consume these dangerous products. Product recalls were initiated by the firms. FDA's approach to analyzing tejocote-related adverse events, sample testing, and prompt actions played a critical role in safeguarding public health and protecting lives."

At the completion of this session participants will be able to:

1. Describe tejocote
2. Describe yellow oleander
3. Describe two important databases for adverse event reports: CAERS and NPDS

Track 1: Clinical Care Career Pathway

**Increase in Syphilis Cases — South Carolina, 2018–2023**

Jun 12, 2025 15:15 *Tori Moore*

Jun 12, 2025 15:45

Duration: .5 hrs.

**Background:** Syphilis, a sexually transmitted infection with frequently undetected signs and symptoms, can have serious health consequences if untreated. Similar to national trends, South Carolina has experienced an increase in syphilis cases. South Carolina's Department of Public Health (DPH) analyzed syphilis data to help characterize the epidemic and inform syphilis prevention and control activities.

**Methods:** We used DPH syphilis data to identify cases during 2018–2023 among persons aged  $\geq 15$  years. We calculated annual age-adjusted rates of total, early-, and late-stage syphilis for 10-year age groups using data from the U.S. Census Bureau. We included primary, secondary, and early non-primary non-secondary stage syphilis under early-stage syphilis. We included unknown duration or late syphilis cases under late-stage syphilis. We also calculated annual proportions of early- and late-stage syphilis for women who have sex with men (WSM), men who have sex with men (MSM), and men who have sex with women (MSW).

**Results:** Total syphilis cases have increased by 88% (2018: 24.9 cases/100,000 persons; 2023: 46.9 cases/100,000 persons). Early-stage syphilis cases increased by 51.6% (2018: 23.4 cases/100,000 persons; 2023: 35.5 cases/100,000 persons). Late-stage syphilis cases increased by 687% (2018: 1.4 cases/100,000 persons; 2023: 11.3 cases/100,000 persons). All age groups experienced increased rates of early- and late-stage syphilis, but persons aged 25–34 years had the highest rates annually. The proportion of early-stage syphilis cases among MSM decreased 19.2% during 2018–2023; whereas the proportion of early-stage syphilis cases increased 11.4% among WSM, and 7.4% among MSW.

**Conclusion:** The increase in untreated syphilis progressing to late-stage infection in South Carolina is a serious public health concern. Early syphilis has increased disproportionately in heterosexual adults. Routine screening for all sexually active adults might reduce the rate of infections by identifying cases sooner.

At the completion of this session participants will be able to:

1. Examine the scope and characteristics of the syphilis epidemic in South Carolina
2. Define the stages of syphilis included in both "early" and "late" syphilis and their relationship to infectivity.
3. Describe a screening approach to reduce cases, especially late-term syphilis, in South Carolina.

Track 5: Transforming Public Health

## **Homicides among Lesbian, Gay and Other Sexual Minorities Using the National Violent Death Reporting System, 2014-2021**

Jun 12, 2025 15:15 *Shane Jack*

Jun 12, 2025 15:45

Duration: .5 hrs.

**Purpose:** Sexual minority individuals experience higher rates of violence and victimization than their heterosexual counterparts. Compared to their peers, sexual minority individuals are four times more likely to be victims of violent crime and experience higher rates of rape and aggravated assault. A greater understanding of the extent of fatal violence against this community is needed; however, few surveillance systems collect the sexual orientation of homicide victims. Using the National Violent Death Reporting System (NVDRS), this analysis examines sociodemographic characteristics and incident circumstances of sexual minority (SM; e.g., lesbian, gay, bisexual, other) homicide victims.

**Methods:** This analysis includes NVDRS data on homicides of adults ( $\geq 18$  years) from 49 states, the District of Columbia, and Puerto Rico from 2014-2021. NVDRS integrates information from death certificates, coroner/medical examiner (C/ME) reports, and law enforcement (LE) reports. Trained NVDRS abstractors write narratives describing the incident based on the information from C/ME and LE reports. Sexual orientation and sex of partner variables and keyword searches of text narratives were used to identify SM homicide cases. Case-controls (i.e., non-SM homicide cases) were matched on age, sex, year homicide occurred, and jurisdiction of injury. Victim demographic characteristics, suspect information, and precipitating circumstances were analyzed using chi-squared tests and multivariate conditional logistic regression.

**Results:** This analysis identified 618 SM homicide victims: 205 (33.2%) gay males, 84 (13.6%) lesbian females, 191 (31.0%) other SM (e.g., bisexual, pansexual, unspecified) males, and 138 (22.3%) other SM females. Most SM victims were non-Hispanic Black (42.9%) followed by non-Hispanic white (35.8%); most homicides of SM victims occurred in metropolitan areas (88.6%) and in a house/apartment (61.3%). Among incidents with known circumstances, nearly half were intimate partner violence (IPV)-related (47.5%), followed by arguments preceding the death (44.3%). Only a small percentage (2.9%) were identified as hate-crime related. These findings were similar for SM males and females. Race-adjusted models showed that, compared to non-SM males, SM male victims were less likely to die by firearm, but more likely to die by hanging/asphyxiation or sharp instrument and be killed by a current intimate partner (IP)( $p < .01$ ). SM female victims were more likely than non-SM female victims to die by sharp instrument, be killed by an acquaintance, and have their death be female-perpetrated. For both SM male and female victims, the incident was more likely preceded by an argument and suspected substance use than for non-SM victims ( $p < .01$ ).

2025 USPHS Scientific and Training Symposium  
Agenda

Conclusion: Findings emphasize the importance of collecting violence data that includes sexual orientation that can inform and develop prevention programs. Ensuring IPV prevention programs and intervention services are inclusive of sexual minority experiences and promote safe intimate relationship skills is needed to protect men and women alike from fatal IPV. Addressing risk factors for violence, particularly substance use, requires a nuanced and comprehensive approach that considers the unique life stressors faced by sexual minorities. Finally, all violence prevention efforts for sexual minority individuals should account for lived experiences of discrimination and stigma when they are designed and adapted.

At the completion of this session participants will be able to:

1. Describe the challenges of identifying sexual orientation and gender identity (SOGI) status among victims of homicide.
2. Describe the National Violent Death Reporting System and the variables and methods used to identify sexual minority homicide decedents post-mortem.
3. Describe the burden of homicides among sexual minority decedents and the circumstances that most likely contributed to their deaths.